

**IN PATIENT SUMMARY BILL**

UHID : MMH202372645  
IP No : IP2023002838  
Patient name : Mrs.SAROJA V  
Age : 71 Y 3 M 4 D/Female

Bill No : MMH/MH/IP00274  
Bill Date : 31/12/2023  
DOA : 29/12/2023 3:00PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 6,279.00
5	NURSING CHARGE	₹ 1,500.00
6	PROFESSIONAL TEAM FEES	₹ 10,000.00
7	RADIOLOGY	₹ 2,900.00
<b>Gross Amount</b>		₹ <b>30,129.00</b>
<b>Net Payable</b>		₹ <b>30,129.00</b>
<b>Advance Amount</b>		₹ <b>10,000.00</b>
<b>Received Amount</b>		₹ <b>20,129.00</b>

**Received Amount in Words** : Thirty Thousand One Hundred Twenty-Nine  
Only

DINESH  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00539	CARD	Advance Amount	10,000.00
2	31/12/2023	MMH/MH/REDH02846	CARD	Collected Amount	20,129.00