

**IN PATIENT SUMMARY BILL**

UHID : MMH202372652  
IP No : IP2023002840  
Patient name : Mrs.AMINA N S  
Age : 64 Y 6 M 11 D/Female

Bill No : MMH/MH/IP00263  
Bill Date : 30/12/2023  
DOA : 29/12/2023 7:05PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DIALYSIS / DIALYZER	₹ 2,400.00
4	EQUIPMENT	₹ 4,500.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 4,951.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 2,000.00
9	TRANSPORT	₹ 2,000.00
<b>Gross Amount</b>		₹ <b>28,701.00</b>
<b>Net Payable</b>		₹ <b>28,701.00</b>
<b>Advance Amount</b>		₹ <b>50,000.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>
<b>Refund Amount</b>		₹ <b>21,299.00</b>

**Received Amount in Words** : Fifty Thousand Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00549	UPI	Advance Amount	50,000.00