

### IN PATIENT SUMMARY BILL

UHID : MMH202474544 Bill No : MMH/MH/IP202400623  
IP No : IP2024000673 Bill Date : 23/03/2024  
Patient name : Mrs.SHANTHA DOA : 23/3/2024 8:48AM  
Age : 76 Y 0 M 13 D/Female DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.VISHNUBABU.G

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 3,648.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 8,000.00
	<b>Gross Amount</b>	<b>₹ 18,348.00</b>
	<b>Net Payable</b>	<b>₹ 18,348.00</b>
	<b>Advance Amount</b>	<b>₹ 20,000.00</b>
	<b>Received Amount</b>	<b>₹ 0.00</b>
	<b>Refund Amount</b>	<b>₹ 1,652.00</b>

Received Amount in Words : Twenty Thousand Only

DINESH

Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/MH/RECH2024010	UPI	Advance Amount	20,000.00