

### IN PATIENT SUMMARY BILL

UHID : MMH202480835  
IP No : IP2024001901  
Patient name : Mrs.MAYA DEVI  
Age : 40 Y 7 M 26 D/Female

Bill No : MMH/MH/IP202401838  
Bill Date : 27/08/2024  
DOA : 26/8/2024 10:55AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.SUBRAMANIYAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 504.00
9	NURSING CHARGE	₹ 800.00
10	OPERATION THEATRE CHARGES	₹ 4,750.00
11	PHARMACY CHARGE	₹ 7,324.00
12	PROFESSIONAL TEAM FEES	₹ 18,222.00

**Gross Amount** ₹ **41,000.00**

**Net Payable** ₹ **41,000.00**

**Received Amount** ₹ **41,000.00**

Received Amount in Words : Forty-One Thousand Only

SATHISH KUMAR.S  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/27/2024	MMH/MH/REDH202418759	UPI	Collected Amount	1,500.00
2	8/27/2024	MMH/MH/REDH202418758	CARD	Collected Amount	30,000.00
3	8/27/2024	MMH/MH/REDH202418760	CASH	Collected Amount	9,500.00