

### IN PATIENT SUMMARY BILL

UHID : MMH202481083 Bill No : MMH/MH/IP202401908  
IP No : IP2024001961 Bill Date : 05/09/2024  
Patient name : B/O.DHANALAKSHMI DOA : 2/9/2024 10:30PM  
Age : 0 Y 0 M 3 D/Male DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.INDHUMATHY.M

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	LABORATORY	₹ 1,256.00
3	NURSING CHARGE	₹ 2,400.00
4	PROFESSIONAL TEAM FEES	₹ 10,000.00
	<b>Gross Amount</b>	<b>₹ 14,056.00</b>
	<b>Net Payable</b>	<b>₹ 14,056.00</b>
	<b>Received Amount</b>	<b>₹ 14,056.00</b>

Received Amount in Words : Fourteen Thousand Fifty-Six Only SUDHA  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/5/2024	MMH/MH/REDH202419522	CASH	Collected Amount	14,056.00