

### IN PATIENT SUMMARY BILL

UHID : MH34406  
 IP No : IP2024001415  
 Patient name : Mr.POOLVALINGAM S  
 Age : 61 Y 2 M 13 D/Male  
 Bill No : MMH/MH/IP202401395  
 Bill Date : 29/06/2024  
 DOA : 24/6/2024 12:51PM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH  
 Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 1,800.00
6	GENERAL PROCEDURE	₹ 950.00
7	LABORATORY	₹ 8,195.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 7,550.00
10	PROFESSIONAL TEAM FEES	₹ 22,500.00
		<b>₹ 65,845.00</b>
		<b>₹ 65,845.00</b>
		<b>₹ 30,000.00</b>
		<b>₹ 35,845.00</b>

Received Amount in Words : Sixty-Five Thousand Eight Hundred Forty-Five Only

KARTHICK.S  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/24/2024	MMH/MH/RECH202402338	CARD	Advance Amount	10,000.00
2	6/24/2024	MMH/MH/RECH202402340	CASH	Advance Amount	20,000.00
3	6/29/2024	MMH/MH/REDH202413971	CHEQUE	Collected Amount	1,367.00
4	6/29/2024	MMH/MH/REDH202413972	CARD	Collected Amount	34,478.00