

IN PATIENT SUMMARY BILL

UHID : MH34406 Bill No : MMH/MH/IP202401923
 IP No : IP2024001980 Bill Date : 07/09/2024
 Patient name : Mr.POOLALINGAM S DOA : 4/9/2024 5:01PM
 Age : 61 Y 4 M 22 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,950.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 14,500.00
6	GENERAL PROCEDURE	₹ 5,500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	INVESTIGATIONS	₹ 1,500.00
10	LABORATORY	₹ 14,520.00
11	NURSING CHARGE	₹ 4,800.00
12	PROFESSIONAL TEAM FEES	₹ 8,500.00
13	RADIOLOGY	₹ 7,650.00
14	TRANSPORT	₹ 1,000.00
		₹ 86,720.00
		₹ 86,720.00
		₹ 30,000.00
		₹ 56,720.00

Received Amount in Words : Eighty-Six Thousand Seven Hundred Twenty Only KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/7/2024	MMH/MH/REDH202419645	CHEQUE	Collected Amount	2,692.00
2	9/4/2024	MMH/MH/RECH202403424	CARD	Advance Amount	30,000.00
3	9/7/2024	MMH/MH/REDH202419646	CARD	Collected Amount	54,028.00