

### IN PATIENT SUMMARY BILL

UHID : MHI202381133  
IP No : IPH202302432  
Patient name : Mr.SIVASANKAR V  
Age : 51 Y 0 M 25 D/Male

Bill No : MMH/HM/IPH00653  
Bill Date : 30/12/2023  
DOA : 5/12/2023 9:47PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 7,500.00
3	BLOOD COMPONENTS	₹ 2,000.00
4	GENERAL PROCEDURE	₹ 1,000.00
5	INVESTIGATIONS	₹ 250.00
6	LABORATORY	₹ 39,774.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	OP REGISTRATION	₹ 150.00
9	OPERATION THEATRE CHARGES	₹ 2,000.00
10	PHARMACY CHARGE	₹ 50,708.00
11	PROFESSIONAL FEES	₹ 40,000.00
12	PROFESSIONAL TEAM FEES	₹ 103,898.00
13	RADIOLOGY	₹ 1,920.00
Gross Amount		₹ 250,000.00
Net Payable		₹ 250,000.00
Advance Amount		₹ 250,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Fifty Thousand Only

IYAPPAN R  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/12/2023	MMH/HM/RECAP00464	CASH	Advance Amount	150,000.00
2	05/12/2023	MMH/HM/RECAP00465	CARD	Advance Amount	50,000.00
3	07/12/2023	MMH/HM/RECAP00476	CARD	Advance Amount	50,000.00