

IN PATIENT SUMMARY BILL

UHID : MKB202400076

IP No : IPKB2024000016

Patient name : Baby.MOHANASRI.S

Age : 2 Y 0 M 1 D/Female

Bill No : MMH/MK/IP202400006

Bill Date : 04/01/2024

DOA : 3/1/2024 2:38AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 1,500.00
3	LABORATORY	₹ 3,690.00
4	MEDICAL RECORD CHARGE	₹ 200.00
5	NURSING CHARGE	₹ 900.00
6	PROFESSIONAL TEAM FEES	₹ 2,250.00
Gross Amount		₹ 8,690.00
Net Payable		₹ 8,690.00
Advance Amount		₹ 6,700.00
Received Amount		₹ 1,990.00

Received Amount in Words : Eight Thousand Six Hundred Ninety Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MK/RECH2024000	CASH	Advance Amount	2,000.00
2	04/01/2024	MMH/MK/RECH2024000	CASH	Advance Amount	4,700.00
3	04/01/2024	MMH/MK/REDH2024000	CARD	Collected Amount	1,990.00