

IN PATIENT SUMMARY BILL

UHID : MKB202403300

IP No : IPKB2024000769

Patient name : Mr.PRAKASH.P

Age : 43 Y 0 M 4 D/Male

Bill No : MMH/MK/IP202400761

Bill Date : 08/06/2024

DOA : 4/6/2024 7:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 7,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 4,100.00
5	GENERAL PROCEDURE	₹ 2,500.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 5,506.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,900.00
10	OTHERS	₹ 500.00
11	PROFESSIONAL TEAM FEES	₹ 8,500.00
12	RADIOLOGY	₹ 3,350.00
Gross Amount		₹ 38,406.00
Discount Amount		₹ 3,906.00
Net Payable		₹ 34,500.00
Advance Amount		₹ 6,000.00
Received Amount		₹ 28,500.00

Received Amount in Words : Thirty-Four Thousand Five Hundred Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/5/2024	MMH/MK/RECH202401786	CASH	Advance Amount	6,000.00
2	6/8/2024	MMH/MK/REDH202405045	CASH	Collected Amount	28,500.00