

### IN PATIENT SUMMARY BILL

UHID : MKB202403300  
 IP No : IPKB2024000769  
 Patient name : Mr.PRAKASH.P  
 Age : 43 Y 0 M 4 D/Male  
 Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202400761  
 Bill Date : 08/06/2024  
 DOA : 4/6/2024 7:00PM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH

| 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       |