

### IN PATIENT SUMMARY BILL

UHID : MKB202403413  
 IP No : IPKB2024000800  
 Patient name : Baby.MELVIYA.M  
 Age : 1 Y 4 M 22 D/Female  
 Bill No : MMH/MK/IP202400792  
 Bill Date : 14/06/2024  
 DOA : 10/6/2024 11:15AM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH  
 Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	LABORATORY	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 2,250.00
7	OTHERS	₹ 500.00
8	PROFESSIONAL TEAM FEES	₹ 8,750.00
		<b>₹ 18,450.00</b>
		<b>₹ 1,500.00</b>
		<b>₹ 16,950.00</b>
		<b>₹ 7,000.00</b>
		<b>₹ 9,950.00</b>

Received Amount in Words : Sixteen Thousand Nine Hundred Fifty Only  
 Authorised Signature : MANIMEGALAI.T

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/11/2024	MMH/MK/RECH202401868	CASH	Advance Amount	4,000.00
2	6/12/2024	MMH/MK/RECH202401882	CASH	Advance Amount	3,000.00
3	6/14/2024	MMH/MK/REDH202405257	CASH	Collected Amount	9,950.00