

IN PATIENT SUMMARY BILL

UHID : MKB202403413

IP No : IPKB2024000800

Patient name : Baby.MELVIYA.M

Age : 1 Y 4 M 22 D/Female

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202400792

Bill Date : 14/06/2024

DOA : 10/6/2024 11:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

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
Gross Amount		₹ 18,450.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 16,950.00
Advance Amount		₹ 7,000.00
Received Amount		₹ 9,950.00

Received Amount in Words : Sixteen Thousand Nine Hundred Fifty Only

MANIMEGALAI.T
Authorised Signature

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