

IN PATIENT SUMMARY BILL

UHID : MKB202403437
 IP No : IPKB2024000806
 Patient name : Mrs.ANNAMMAL.S
 Age : 54 Y 0 M 5 D/Female
 Bill No : MMH/MK/IP202400795
 Bill Date : 16/06/2024
 DOA : 11/6/2024 1:00PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 18,450.00
3	BLOOD COMPONENTS	₹ 250.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
5	EQUIPMENT	₹ 54,600.00
6	GENERAL PROCEDURE	₹ 200.00
7	INJECTION CHARGES	₹ 3,650.00
8	INTENSIVIST CHARGES	₹ 15,000.00
9	LABORATORY	₹ 23,206.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,750.00
12	OPERATION THEATRE CHARGES	₹ 14,550.00
13	PHYSIOTHERAPY	₹ 2,800.00
14	PROFESSIONAL TEAM FEES	₹ 164,000.00
15	RADIOLOGY	₹ 12,200.00
		₹ 314,006.00
		₹ 10,000.00
		₹ 304,006.00
		₹ 304,006.00
		₹ 0.00

Received Amount in Words : Three Lakh Four Thousand Six Only KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/11/2024	MMH/MK/RECH202401870	CASH	Advance Amount	10,000.00
2	6/11/2024	MMH/MK/RECH202401871	CASH	Advance Amount	85,000.00
3	6/11/2024	MMH/MK/RECH202401872	UPI	Advance Amount	5,000.00
4	6/12/2024	MMH/MK/RECH202401883	UPI	Advance Amount	50,000.00
5	6/13/2024	MMH/MK/RECH202401898	UPI	Advance Amount	30,000.00
6	6/14/2024	MMH/MK/RECH202401910	UPI	Advance Amount	30,000.00
7	6/15/2024	MMH/MK/RECH202401918	UPI	Advance Amount	30,000.00
8	6/16/2024	MMH/MK/RECH202401928	UPI	Advance Amount	64,006.00

S.No	Description	Amount
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