

IN PATIENT SUMMARY BILL

UHID : MKB202403437

IP No : IPKB2024000806

Patient name : Mrs.ANNAMMAL.S

Age : 54 Y 0 M 5 D/Female

Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202400795

Bill Date : 16/06/2024

DOA : 11/6/2024 1:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

| 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  |
| Gross Amount    |                             | ₹ 314,006.00 |
| Discount Amount |                             | ₹ 10,000.00  |
| Net Payable     |                             | ₹ 304,006.00 |
| Advance Amount  |                             | ₹ 304,006.00 |
| Received Amount |                             | ₹ 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 |
|------|-------------|--------|
|------|-------------|--------|