

IN PATIENT SUMMARY BILL

UHID : MKB202402887

IP No : IPKB2024000813

Patient name : Mrs.PARAMESHWARI.K.B

Age : 31 Y 1 M 7 D/Female

Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202400796

Bill Date : 16/06/2024

DOA : 14/6/2024 4:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 8,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,200.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 14,288.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,100.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
11	RADIOLOGY	₹ 2,740.00
Gross Amount		₹ 38,178.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 36,178.00
Advance Amount		₹ 22,000.00
Received Amount		₹ 14,178.00

Received Amount in Words : Thirty-Six Thousand One Hundred Seventy-Eight Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/14/2024	MMH/MK/RECH202401912	CASH	Advance Amount	2,000.00
2	6/15/2024	MMH/MK/RECH202401919	CASH	Advance Amount	20,000.00
3	6/16/2024	MMH/MK/REDH202405304	CASH	Collected Amount	14,178.00