

IN PATIENT SUMMARY BILL

UHID : MKB202403479
 IP No : IPKB2024000812
 Patient name : B/O.NASVA BEEVI
 Age : 0 Y 0 M 5 D/Male
 Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202400807
 Bill Date : 18/06/2024
 DOA : 14/6/2024 12:10AM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 18,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
5	EQUIPMENT	₹ 11,600.00
6	GENERAL PROCEDURE	₹ 200.00
7	LABORATORY	₹ 6,072.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,250.00
10	OTHERS	₹ 2,500.00
11	PROFESSIONAL TEAM FEES	₹ 13,250.00
12	RADIOLOGY	₹ 540.00
		₹ 60,562.00
		₹ 2,000.00
		₹ 58,562.00
		₹ 43,000.00
		₹ 15,562.00

Received Amount in Words : Fifty-Eight Thousand Five Hundred Sixty-Two Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/14/2024	MMH/MK/RECH202401905	CASH	Advance Amount	10,000.00
2	6/15/2024	MMH/MK/RECH202401914	CASH	Advance Amount	15,000.00
3	6/16/2024	MMH/MK/RECH202401929	UPI	Advance Amount	18,000.00
4	6/18/2024	MMH/MK/REDH202405365	CASH	Collected Amount	15,562.00