

IN PATIENT SUMMARY BILL

UHID : MKB202403520 Bill No : MMH/MK/IP202400808
IP No : IPKB2024000823 Bill Date : 18/06/2024
Patient name : Mrs.JAYALAKSHMI.L DOA : 16/6/2024 10:40PM
Age : 80 Y 0 M 2 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.B.VINOTHKUMAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	GENERAL PROCEDURE	₹ 200.00
5	LABORATORY	₹ 480.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 900.00
8	PROFESSIONAL TEAM FEES	₹ 2,250.00
	Gross Amount	₹ 8,980.00
	Discount Amount	₹ 480.00
	Net Payable	₹ 8,500.00
	Advance Amount	₹ 2,500.00
	Received Amount	₹ 6,000.00

Received Amount in Words : Eight Thousand Five Hundred Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/17/2024	MMH/MK/RECH202401939	UPI	Advance Amount	2,500.00
2	6/18/2024	MMH/MK/REDH202405367	CASH	Collected Amount	6,000.00