

IN PATIENT SUMMARY BILL

UHID	:	MKB202403525	Bill No	:	MMH/MK/IP202400818
IP No	:	IPKB2024000827	Bill Date	:	22/06/2024
Patient name	:	Mr.JEEVANRAJ.V	DOA	:	17/6/2024 1:30PM
Age	:	16 Y 2 M 16 D/Male	DOD	:	22/6/2024 1:01PM
			Entity Type	:	CASH
			Entity Name	:	CASH

Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 14,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
5	EQUIPMENT	₹ 9,250.00
6	GENERAL PROCEDURE	₹ 400.00
7	INJECTION CHARGES	₹ 700.00
8	INTENSIVIST CHARGES	₹ 9,000.00
9	LABORATORY	₹ 14,132.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,550.00
12	OTHERS	₹ 2,000.00
13	PROFESSIONAL TEAM FEES	₹ 12,500.00
14	RADIOLOGY	₹ 8,980.00
		₹ 77,662.00
		₹ 2,500.00
		₹ 75,162.00
		₹ 66,000.00
		₹ 9,162.00

Received Amount in Words : Seventy-Five Thousand One Hundred Sixty-Two Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MK/RECH202401949	UPI	Advance Amount	20,000.00
2	6/19/2024	MMH/MK/RECH202401957	UPI	Advance Amount	15,000.00
3	6/17/2024	MMH/MK/RECH202401942	CASH	Advance Amount	10,000.00
4	6/20/2024	MMH/MK/RECH202401963	CASH	Advance Amount	13,000.00
5	6/21/2024	MMH/MK/RECH202401970	CASH	Advance Amount	8,000.00
6	6/22/2024	MMH/MK/REDH202405475	CASH	Collected Amount	9,162.00