

IN PATIENT SUMMARY BILL

UHID : MKB202403643
 IP No : IPKB2024000847
 Patient name : Mrs.DEVAYANI.A
 Age : 27 Y 0 M 2 D/Female
 Consultant Name : Dr.REVATHI

Bill No : MMH/MK/IP202400835
 Bill Date : 27/06/2024
 DOA : 25/6/2024 2:20PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 750.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 250.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 900.00
9	OPERATION THEATRE CHARGES	₹ 5,000.00
10	PROFESSIONAL TEAM FEES	₹ 19,500.00
		₹ 30,900.00
		₹ 2,000.00
		₹ 28,900.00
		₹ 10,000.00
		₹ 18,900.00

Received Amount in Words : Twenty-Eight Thousand Nine Hundred Only
 Authorised Signature : MANIMEGALAI.T

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/26/2024	MMH/MK/RECH202402013	CARD	Advance Amount	10,000.00
2	6/27/2024	MMH/MK/REDH202405615	CARD	Collected Amount	18,900.00