

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
Gross Amount		₹ 30,900.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 28,900.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 18,900.00

Received Amount in Words : Twenty-Eight Thousand Nine Hundred Only

MANIMEGALAI.T
Authorised Signature

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