

### IN PATIENT SUMMARY BILL

UHID : MKB202403664  
 IP No : IPKB2024000856  
 Patient name : Mr.KALIYAPERUMAL.S  
 Age : 42 Y 0 M 0 D/Male  
 Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202400838  
 Bill Date : 27/06/2024  
 DOA : 27/6/2024 12:30AM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 4,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
5	EQUIPMENT	₹ 4,500.00
6	GENERAL PROCEDURE	₹ 4,600.00
7	INJECTION CHARGES	₹ 350.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 7,876.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 550.00
12	OTHERS	₹ 2,000.00
13	PHYSIOTHERAPY	₹ 400.00
14	PROFESSIONAL TEAM FEES	₹ 16,500.00
15	RADIOLOGY	₹ 16,960.00
		<b>₹ 63,086.00</b>
		<b>₹ 5,000.00</b>
		<b>₹ 58,086.00</b>
		<b>₹ 37,000.00</b>
		<b>₹ 21,086.00</b>

Received Amount in Words : Fifty-Eight Thousand Eighty-Six Only

DHIVYA.P  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MK/RECH202402015	CASH	Advance Amount	15,000.00
2	6/27/2024	MMH/MK/RECH202402017	CASH	Advance Amount	22,000.00
3	6/27/2024	MMH/MK/REDH202405627	UPI	Collected Amount	21,086.00