

IN PATIENT SUMMARY BILL

UHID : MKB202403645 Bill No : MMH/MK/IP202400841
 IP No : IPKB2024000849 Bill Date : 28/06/2024
 Patient name : Master.LENIN.M DOA : 25/6/2024 4:50PM
 Age : 7 Y 2 M 8 D/Male DOD : 28/6/2024 2:05PM
 Entity Type : CASH Entity Name : CASH
 Consultant Name : Dr.VIGNESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	EQUIPMENT	₹ 9,600.00
5	GENERAL PROCEDURE	₹ 200.00
6	INJECTION CHARGES	₹ 350.00
7	LABORATORY	₹ 1,980.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,350.00
10	OPERATION THEATRE CHARGES	₹ 7,550.00
11	PROFESSIONAL TEAM FEES	₹ 55,000.00
		₹ 82,080.00
		₹ 4,000.00
		₹ 78,080.00
		₹ 61,500.00
		₹ 16,580.00

Received Amount in Words : Seventy-Eight Thousand Eighty 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/RECH202402010	UPI	Advance Amount	30,000.00
2	6/28/2024	MMH/MK/REDH202405639	UPI	Collected Amount	16,580.00
3	6/25/2024	MMH/MK/RECH202402004	CASH	Advance Amount	30,000.00
4	6/26/2024	MMH/MK/RECH202402005	CASH	Advance Amount	1,500.00