

IN PATIENT SUMMARY BILL

UHID : MKB202403682
 IP No : IPKB2024000862
 Patient name : Mrs.MANGALESHWARI.G
 Age : 35 Y 0 M 6 D/Female
 Consultant Name : Dr.KARTHIK RAJ

Bill No : MMH/MK/IP202400857
 Bill Date : 03/07/2024
 DOA : 27/6/2024 7:33PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 18,300.00
3	CASUALTY	₹ 750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 9,200.00
6	GENERAL PROCEDURE	₹ 200.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 16,050.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,000.00
11	PHYSIOTHERAPY	₹ 800.00
12	PROFESSIONAL TEAM FEES	₹ 9,750.00
13	RADIOLOGY	₹ 3,590.00
		₹ 73,390.00
		₹ 2,000.00
		₹ 71,390.00
		₹ 69,500.00
		₹ 1,890.00

Received Amount in Words : Seventy-One Thousand Three Hundred Ninety Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MK/RECH202402034	CASH	Advance Amount	25,000.00
2	6/29/2024	MMH/MK/RECH202402041	CASH	Advance Amount	18,000.00
3	6/30/2024	MMH/MK/RECH202402056	CASH	Advance Amount	13,000.00
4	7/1/2024	MMH/MK/RECH202402068	CASH	Advance Amount	7,000.00
5	7/2/2024	MMH/MK/RECH202402084	CASH	Advance Amount	6,500.00
6	7/3/2024	MMH/MK/REDH202405772	CASH	Collected Amount	1,890.00