

### IN PATIENT SUMMARY BILL

UHID : MKB202403859  
IP No : IPKB2024000899  
Patient name : Mrs.SEEMA.P  
Age : 19 Y 0 M 6 D/Female  
Bill No : MMH/MK/IP202400886  
Bill Date : 12/07/2024  
DOA : 6/7/2024 11:00AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	LABORATORY	₹ 6,660.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 2,250.00
7	PROFESSIONAL TEAM FEES	₹ 6,500.00
	<b>Gross Amount</b>	₹ 22,260.00
	<b>Discount Amount</b>	₹ 1,000.00
	<b>Net Payable</b>	₹ 21,260.00
	<b>Advance Amount</b>	₹ 21,260.00
	<b>Received Amount</b>	₹ 0.00

Received Amount in Words :

DHIVYA.P  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/7/2024	MMH/MK/RECH202402180	CASH	Advance Amount	5,000.00
2	7/10/2024	MMH/MK/RECH202402181	CASH	Advance Amount	16,260.00