

IN PATIENT SUMMARY BILL

UHID : MKB202403859

IP No : IPKB2024000899

Patient name : Mrs.SEEMA.P

Age : 19 Y 0 M 6 D/Female

Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202400886

Bill Date : 12/07/2024

DOA : 6/7/2024 11:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

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
Gross Amount		₹ 22,260.00
Discount Amount		₹ 1,000.00
Net Payable		₹ 21,260.00
Advance Amount		₹ 21,260.00
Received Amount		₹ 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