

IN PATIENT SUMMARY BILL

UHID : MKB202403997 Bill No : MMH/MK/IP202400894
IP No : IPKB2024000904 Bill Date : 12/07/2024
Patient name : Master.DEEPAK.A DOA : 7/7/2024 2:10PM
Age : 10 Y 0 M 0 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	MEDICAL RECORD CHARGE	₹ 200.00
5	NURSING CHARGE	₹ 900.00
6	OTHERS	₹ 1,000.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
		₹ 8,050.00
		₹ 500.00
		₹ 7,550.00
		₹ 2,550.00
		₹ 5,000.00

Received Amount in Words : Seven Thousand Five Hundred Fifty Only **MANIMEGALAI.T**
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/8/2024	MMH/MK/RECH202402201	UPI	Advance Amount	2,500.00
2	7/9/2024	MMH/MK/RECH202402202	CASH	Advance Amount	50.00
3	7/12/2024	MMH/MK/REDH202406247	UPI	Collected Amount	5,000.00