

### IN PATIENT SUMMARY BILL

UHID : MKB202404166 Bill No : MMH/MK/IP202400938  
IP No : IPKB2024000963 Bill Date : 25/07/2024  
Patient name : Mrs.SUGANTHI.A DOA : 23/7/2024 7:15PM  
Age : 59 Y 0 M 2 D/Female DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ACCOMMODATION	₹ 3,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 8,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 4,950.00
6	GENERAL PROCEDURE	₹ 200.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 15,572.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,100.00
11	PROFESSIONAL TEAM FEES	₹ 2,000.00
12	RADIOLOGY	₹ 6,390.00

Gross Amount	₹ 48,562.00
Discount Amount	₹ 3,000.00
Net Payable	₹ 45,562.00
Advance Amount	₹ 10,000.00
Received Amount	₹ 35,562.00

Received Amount in Words : Forty-Five Thousand Five Hundred Sixty-Two Only

MANIMEGALAI.T

Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MK/RECH202402325	CARD	Advance Amount	10,000.00
2	7/25/2024	MMH/MK/REDH202406577	CARD	Collected Amount	35,562.00