

### IN PATIENT SUMMARY BILL

UHID : MKB202404229  
 IP No : IPKB2024000974  
 Patient name : Ms.LAKSHANA.S  
 Age : 16 Y 0 M 0 D/Female  
 Bill No : MMH/MK/IP202400944  
 Bill Date : 27/07/2024  
 DOA : 27/7/2024 12:30PM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH  
 Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 1,650.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 5,212.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 550.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
11	RADIOLOGY	₹ 3,120.00
		<b>₹ 18,682.00</b>
		<b>₹ 1,000.00</b>
		<b>₹ 17,682.00</b>
		<b>₹ 7,000.00</b>
		<b>₹ 10,682.00</b>

Received Amount in Words : Seventeen Thousand Six Hundred Eighty-Two Only

DHIVYA.P

Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/27/2024	MMH/MK/RECH202402355	CARD	Advance Amount	7,000.00
2	7/27/2024	MMH/MK/REDH202406645	CARD	Collected Amount	10,682.00