

IN PATIENT SUMMARY BILL

UHID : MKB202403692 Bill No : MMH/MK/IP202400956
IP No : IPKB2024000865 Bill Date : 30/07/2024
Patient name : Mrs.NIVETHA.S DOA : 28/6/2024 3:30PM
Age : 28 Y 1 M 2 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.REVATHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 16,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
4	EQUIPMENT	₹ 350.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 960.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 3,600.00
9	OPERATION THEATRE CHARGES	₹ 8,590.00
10	PROFESSIONAL TEAM FEES	₹ 43,000.00

Gross Amount ₹ 76,400.00
Discount Amount ₹ 5,000.00
Net Payable ₹ 71,400.00
Advance Amount ₹ 30,000.00
Received Amount ₹ 41,400.00

Received Amount in Words : Seventy-One Thousand Four Hundred Only

RAMYA DEVI. A
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MK/RECH202402037	CASH	Advance Amount	20,000.00
2	7/1/2024	MMH/MK/RECH202402066	UPI	Advance Amount	10,000.00
3	7/30/2024	MMH/MK/REDH202406741	CASH	Collected Amount	41,400.00