

IN PATIENT SUMMARY BILL

UHID : MKB202404334

IP No : IPKB2024000998

Patient name : Mrs.RAJESHWARIS

Age : 36 Y 0 M 1 D/Female

Consultant Name : Dr.M.BALAPRAKASH

Bill No : MMH/MK/IP202400981

Bill Date : 02/08/2024

DOA : 1/8/2024 12:01AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 6,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,100.00
6	GENERAL PROCEDURE	₹ 200.00
7	LABORATORY	₹ 5,220.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,000.00
10	OTHERS	₹ 2,000.00
11	PROFESSIONAL TEAM FEES	₹ 2,700.00
12	RADIOLOGY	₹ 2,740.00
Gross Amount		₹ 23,710.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 21,710.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 5,710.00

Received Amount in Words : Twenty-One Thousand Seven Hundred Ten Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MK/RECH202402417	UPI	Advance Amount	16,000.00
2	8/2/2024	MMH/MK/REDH202406834	UPI	Collected Amount	5,710.00