

IN PATIENT SUMMARY BILL

UHID : MKB202404334
 IP No : IPKB2024000998
 Patient name : Mrs.RAJESHWARI.S
 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 |
| | | ₹ 23,710.00 |
| | | ₹ 2,000.00 |
| | | ₹ 21,710.00 |
| | | ₹ 16,000.00 |
| | | ₹ 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 |