

IN PATIENT SUMMARY BILL

UHID : MKB202404242 Bill No : MMH/MK/IP202400983
IP No : IPKB2024000978 Bill Date : 02/08/2024
Patient name : Baby.HARSHITHA DOA : 28/7/2024 11:30AM
Age : 0 Y 2 M 13 D/Female DOD : 2/8/2024 4:30PM
Entity Type : CASH Entity Name : CASH
Consultant Name : Dr.S.MAHESHWARAN

| S.No | Description | Amount |
|------|-----------------------------|--------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 150.00 |
| 2 | BED CHARGES | ₹ 11,000.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 800.00 |
| 4 | EQUIPMENT | ₹ 16,800.00 |
| 5 | INTENSIVIST CHARGES | ₹ 5,000.00 |
| 6 | LABORATORY | ₹ 4,780.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 2,550.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 16,000.00 |
| 10 | RADIOLOGY | ₹ 540.00 |
| | Gross Amount | ₹ 57,820.00 |
| | Discount Amount | ₹ 2,000.00 |
| | Net Payable | ₹ 55,820.00 |
| | Advance Amount | ₹ 44,000.00 |
| | Received Amount | ₹ 11,820.00 |

Received Amount in Words : Fifty-Five Thousand Eight Hundred Twenty Only

DHIVYA.P
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/28/2024 | MMH/MK/RECH202402365 | CARD | Advance Amount | 3,000.00 |
| 2 | 7/29/2024 | MMH/MK/RECH202402376 | CARD | Advance Amount | 16,000.00 |
| 3 | 8/1/2024 | MMH/MK/RECH202402423 | CARD | Advance Amount | 25,000.00 |
| 4 | 8/2/2024 | MMH/MK/REDH202406837 | CARD | Collected Amount | 11,820.00 |