

IN PATIENT SUMMARY BILL

UHID : MKB202404327
 IP No : IPKB2024000995
 Patient name : Child.RITHIKA.J
 Age : 8 Y 0 M 8 D/Female
 Bill No : MMH/MK/IP202401012
 Bill Date : 08/08/2024
 DOA : 31/7/2024 12:45PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 12,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,600.00
4	EQUIPMENT	₹ 2,050.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 10,552.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	MISCELLANEOUS	₹ 50.00
10	NURSING CHARGE	₹ 4,250.00
11	OPERATION THEATRE CHARGES	₹ 9,148.00
12	OTHERS	₹ 500.00
13	PROFESSIONAL TEAM FEES	₹ 41,000.00
14	RADIOLOGY	₹ 5,000.00
		₹ 92,350.00
		₹ 5,850.00
		₹ 86,500.00
		₹ 48,500.00
		₹ 38,000.00

Received Amount in Words : Eighty-Six Thousand Five Hundred 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/RECH202402420	CASH	Advance Amount	3,000.00
2	8/1/2024	MMH/MK/RECH202402427	CASH	Advance Amount	9,000.00
3	8/2/2024	MMH/MK/RECH202402431	CASH	Advance Amount	1,500.00
4	8/2/2024	MMH/MK/RECH202402435	CASH	Advance Amount	5,000.00
5	8/3/2024	MMH/MK/RECH202402445	CASH	Advance Amount	20,000.00
6	8/6/2024	MMH/MK/RECH202402492	CASH	Advance Amount	10,000.00
7	8/8/2024	MMH/MK/REDH202407020	CASH	Collected Amount	38,000.00