

## IN PATIENT SUMMARY BILL

UHID : MKB202404439 Bill No : MMH/MK/IP202401022  
IP No : IPKB2024001032 Bill Date : 12/08/2024  
Patient name : B/O.MOOFINA JARVEEN DOA : 7/8/2024 2:10PM  
Age : 0 Y 0 M 5 D/Female DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Ms.R.KANAGAGIRI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 20,500.00
3	EQUIPMENT	₹ 26,900.00
4	GENERAL PROCEEDURE	₹ 4,700.00
5	LABORATORY	₹ 10,204.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 19,500.00
9	RADIOLOGY	₹ 1,080.00
		<b>₹ 86,734.00</b>
		<b>₹ 3,000.00</b>
		<b>₹ 83,734.00</b>
		<b>₹ 55,000.00</b>
		<b>₹ 28,734.00</b>

Received Amount in Words : Eighty-Three Thousand Seven Hundred Thirty-Four Only

MANIMEGALAI.T

Authorised Signature

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MK/RECH202402507	CASH	Advance Amount	10,000.00
2	8/9/2024	MMH/MK/RECH202402517	CASH	Advance Amount	15,000.00
3	8/10/2024	MMH/MK/RECH202402533	CARD	Advance Amount	20,000.00
4	8/11/2024	MMH/MK/RECH202402544	CASH	Advance Amount	10,000.00
5	8/12/2024	MMH/MK/REDH202407139	CASH	Collected Amount	28,734.00