

IN PATIENT SUMMARY BILL

UHID : MKB202404531 Bill No : MMH/MK/IP202401027
IP No : IPKB2024001050 Bill Date : 14/08/2024
Patient name : Mr.KOLANJINATHAN DOA : 13/8/2024 9:01PM
Age : 56 Y 0 M 2 D/Male DOD : 14/8/2024 12:51PM
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 600.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 4,048.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 550.00
9	PROFESSIONAL TEAM FEES	₹ 2,000.00
10	RADIOLOGY	₹ 200.00
		₹ 15,248.00
		₹ 4,248.00
		₹ 11,000.00
		₹ 11,000.00

Received Amount in Words : Eleven Thousand Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/14/2024	MMH/MK/REDH202407191	CASH	Collected Amount	5,000.00
2	8/14/2024	MMH/MK/REDH202407192	UPI	Collected Amount	6,000.00