

IN PATIENT SUMMARY BILL

UHID : MKB202404529 Bill No : MMH/MK/IP202401028
 IP No : IPKB2024001048 Bill Date : 14/08/2024
 Patient name : Mrs.ADAIKKALA MARY.Y DOA : 13/8/2024 8:30PM
 Age : 45 Y 0 M 1 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.J.ALEX MOSES

| S.No | Description | Amount |
|------------------------|--------------------------------------|-------------|
| 1 | ACCIDENT / TRAUMA (MLC) REGISTRATION | ₹ 1,500.00 |
| 2 | ADMINISTRATION CHARGES | ₹ 150.00 |
| 3 | BED CHARGES | ₹ 4,100.00 |
| 4 | BLOOD COMPONENTS | ₹ 250.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 400.00 |
| 6 | EQUIPMENT | ₹ 600.00 |
| 7 | GENERAL PROCEEDURE | ₹ 200.00 |
| 8 | INTENSIVIST CHARGES | ₹ 3,000.00 |
| 9 | LABORATORY | ₹ 7,708.00 |
| 10 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 11 | NURSING CHARGE | ₹ 550.00 |
| 12 | OTHERS | ₹ 2,000.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 3,000.00 |
| 14 | RADIOLOGY | ₹ 18,530.00 |
| Gross Amount | | ₹ 42,188.00 |
| Discount Amount | | ₹ 7,000.00 |
| Net Payable | | ₹ 35,188.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 25,188.00 |

Received Amount in Words : Thirty-Five Thousand One Hundred Eighty-Eight Only
 Authorised Signature : MANIMEGALAI.T

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/13/2024 | MMH/MK/RECH202402569 | CARD | Advance Amount | 10,000.00 |
| 2 | 8/14/2024 | MMH/MK/REDH202407199 | CASH | Collected Amount | 25,188.00 |