

IN PATIENT SUMMARY BILL

UHID : MKB202404529

IP No : IPKB2024001048

Patient name : Mrs.ADAIKKALA MARY.Y

Age : 45 Y 0 M 1 D/Female

Consultant Name : Dr.J.ALEX MOSES

Bill No : MMH/MK/IP202401028

Bill Date : 14/08/2024

DOA : 13/8/2024 8:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

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

MANIMEGALAI.T
Authorised Signature

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