

IN PATIENT SUMMARY BILL

UHID : MKB202404530

IP No : IPKB2024001049

Patient name : Mrs.REGINA MARY.S

Age : 62 Y 0 M 1 D/Female

Consultant Name : Dr.KARTHIK RAJ

Bill No : MMH/MK/IP202401029

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	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
6	EQUIPMENT	₹ 5,600.00
7	GENERAL PROCEEDURE	₹ 2,900.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 12,652.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 550.00
12	OTHER ADDITION	₹ 2,000.00
13	OTHERS	₹ 2,000.00
14	PROFESSIONAL TEAM FEES	₹ 5,500.00
15	RADIOLOGY	₹ 19,200.00
Gross Amount		₹ 60,752.00
Discount Amount		₹ 10,000.00
Net Payable		₹ 50,752.00
Received Amount		₹ 50,752.00

Received Amount in Words : Fifty Thousand Seven Hundred Fifty-Two Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/14/2024	MMH/MK/REDH202407200	CASH	Collected Amount	50,752.00