

IN PATIENT SUMMARY BILL

UHID	:	MKB202404558	Bill No	:	MMH/MK/IP202401034
IP No	:	IPKB2024001054	Bill Date	:	16/08/2024
Patient name	:	Mr.RASU. K	DOA	:	15/8/2024 11:00AM
Age	:	36 Y 0 M 1 D/Male	DOD	:	
Consultant Name : Dr.S.JAMUNA					Entity Type : CASH
Consultant Name : Dr.S.JAMUNA					Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 6,150.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 12,800.00
5	GENERAL PROCEEDURE	₹ 2,500.00
6	INJECTION CHARGES	₹ 350.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 11,424.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,100.00
11	OTHERS	₹ 2,500.00
12	PHYSIOTHERAPY	₹ 800.00
13	PROFESSIONAL TEAM FEES	₹ 14,000.00
14	RADIOLOGY	₹ 200.00
		₹ 58,974.00
		₹ 3,974.00
		₹ 55,000.00
		₹ 5,000.00
		₹ 50,000.00

Received Amount in Words : Fifty-Five Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/15/2024	MMH/MK/RECH202402589	CASH	Advance Amount	5,000.00
2	8/16/2024	MMH/MK/REDH202407252	CASH	Collected Amount	30,000.00
3	8/16/2024	MMH/MK/REDH202407253	CARD	Collected Amount	20,000.00