

IN PATIENT SUMMARY BILL

UHID : MKB202404690 Bill No : MMH/MK/IP202401063
 IP No : IPKB2024001082 Bill Date : 24/08/2024
 Patient name : Mr.ARABIYA BEGAM. M DOA : 24/8/2024 12:30PM
 Age : 60 Y 0 M 0 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,050.00
3	BLOOD COMPONENTS	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
5	EQUIPMENT	₹ 2,900.00
6	GENERAL PROCEEDURE	₹ 4,700.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 11,380.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 550.00
11	OTHERS	₹ 2,000.00
12	PROFESSIONAL TEAM FEES	₹ 4,000.00
13	RADIOLOGY	₹ 2,200.00
		₹ 35,530.00
		₹ 5,530.00
		₹ 30,000.00
		₹ 30,000.00

Received Amount in Words : Thirty Thousand Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/24/2024	MMH/MK/REDH202407486	CARD	Collected Amount	30,000.00