

IN PATIENT SUMMARY BILL

UHID : MKB202404783
 IP No : IPKB2024001109
 Patient name : Mr.SENTHIL.G
 Age : 54 Y 0 M 7 D/Male
 Bill No : MMH/MK/IP202401109
 Bill Date : 05/09/2024
 DOA : 29/8/2024 3:30PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 15,250.00
3	DIALYSIS / DIALYZER	₹ 5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 3,300.00
6	GENERAL PROCEEDURE	₹ 5,200.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 13,030.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,900.00
11	OTHERS	₹ 500.00
12	PROFESSIONAL TEAM FEES	₹ 20,750.00
13	RADIOLOGY	₹ 3,740.00
		₹ 83,220.00
		₹ 4,000.00
		₹ 79,220.00
		₹ 58,500.00
		₹ 20,720.00

Received Amount in Words : Seventy-Nine Thousand Two Hundred Twenty Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MK/RECH202402741	UPI	Advance Amount	7,000.00
2	8/30/2024	MMH/MK/RECH202402750	UPI	Advance Amount	11,000.00
3	8/31/2024	MMH/MK/RECH202402758	UPI	Advance Amount	29,000.00
4	9/1/2024	MMH/MK/RECH202402771	CARD	Advance Amount	11,500.00
5	9/5/2024	MMH/MK/REDH202407848	CASH	Collected Amount	20,720.00