

## IN PATIENT SUMMARY BILL

UHID : MKB202404861 Bill No : MMH/MK/IP202401116  
IP No : IPKB2024001129 Bill Date : 06/09/2024  
Patient name : Mr.ABDUL RAHIM.A DOA : 4/9/2024 5:00AM  
Age : 55 Y 0 M 2 D/Male DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.M.BALAPRAKASH

| S.No | Description                 | Amount             |
|------|-----------------------------|--------------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 150.00           |
| 2    | BED CHARGES                 | ₹ 7,100.00         |
| 3    | DUTY MEDICAL OFFICER CHARGE | ₹ 1,200.00         |
| 4    | EQUIPMENT                   | ₹ 9,250.00         |
| 5    | INTENSIVIST CHARGES         | ₹ 3,000.00         |
| 6    | LABORATORY                  | ₹ 18,174.00        |
| 7    | MEDICAL RECORD CHARGE       | ₹ 200.00           |
| 8    | NURSING CHARGE              | ₹ 1,450.00         |
| 9    | PROFESSIONAL TEAM FEES      | ₹ 5,250.00         |
| 10   | RADIOLOGY                   | ₹ 8,090.00         |
|      |                             | <b>₹ 53,864.00</b> |
|      |                             | <b>₹ 2,000.00</b>  |
|      |                             | <b>₹ 51,864.00</b> |
|      |                             | <b>₹ 25,000.00</b> |
|      |                             | <b>₹ 26,864.00</b> |

Received Amount in Words : Fifty-One Thousand Eight Hundred Sixty-Four Only

KRISHNAN

Authorised Signature

### Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 9/5/2024     | MMH/MK/RECH202402828 | CARD         | Advance Amount   | 25,000.00       |
| 2    | 9/6/2024     | MMH/MK/REDH202407876 | CARD         | Collected Amount | 26,864.00       |