

IN PATIENT SUMMARY BILL

UHID : MKB202404932 Bill No : MMH/MK/IP202401130
 IP No : IPKB2024001150 Bill Date : 10/09/2024
 Patient name : Mr.SIVAMANI.A DOA : 8/9/2024 3:00AM
 Age : 24 Y 0 M 2 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.B.VINOTHKUMAR

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 7,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 4,350.00
6	GENERAL PROCEEDURE	₹ 400.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 11,028.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,550.00
11	PROFESSIONAL TEAM FEES	₹ 4,000.00
12	RADIOLOGY	₹ 8,390.00
		₹ 45,918.00
		₹ 4,000.00
		₹ 41,918.00
		₹ 20,000.00
		₹ 21,918.00

Received Amount in Words : Forty-One Thousand Nine Hundred Eighteen Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/8/2024	MMH/MK/RECH202402860	UPI	Advance Amount	10,000.00
2	9/9/2024	MMH/MK/RECH202402882	CASH	Advance Amount	10,000.00
3	9/10/2024	MMH/MK/REDH202408010	CASH	Collected Amount	21,918.00