

IN PATIENT SUMMARY BILL

UHID : MKB202404974 Bill No : MMH/MK/IP202401136
IP No : IPKB2024001159 Bill Date : 11/09/2024
Patient name : Mrs.AFRIN NISHA.M DOA : 9/9/2024 8:30PM
Age : 27 Y 0 M 2 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.ANAND

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 500.00
5	GENERAL PROCEEDURE	₹ 200.00
6	LABORATORY	₹ 4,649.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 900.00
9	PROFESSIONAL TEAM FEES	₹ 4,000.00
10	RADIOLOGY	₹ 250.00
		₹ 14,649.00
		₹ 2,000.00
		₹ 12,649.00
		₹ 8,500.00
		₹ 4,149.00

Received Amount in Words : Twelve Thousand Six Hundred Forty-Nine Only DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MK/RECH202402888	CARD	Advance Amount	8,500.00
2	9/11/2024	MMH/MK/REDH202408046	CASH	Collected Amount	4,149.00