

IN PATIENT SUMMARY BILL

UHID : MKB202404873 Bill No : MMH/MK/IP202401147
 IP No : IPKB2024001130 Bill Date : 13/09/2024
 Patient name : Baby.SIVANYA.M DOA : 4/9/2024 8:35PM
 Age : 0 Y 1 M 14 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 24,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	EQUIPMENT	₹ 33,850.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 8,404.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 4,650.00
9	OTHERS	₹ 6,000.00
10	PROFESSIONAL TEAM FEES	₹ 19,750.00
11	RADIOLOGY	₹ 2,040.00
Gross Amount		₹ 109,244.00
Discount Amount		₹ 4,000.00
Net Payable		₹ 105,244.00
Advance Amount		₹ 89,000.00
Received Amount		₹ 16,244.00

Received Amount in Words : One Lakh Five Thousand Two Hundred Forty-Four Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MK/RECH202402834	UPI	Advance Amount	19,500.00
2	9/13/2024	MMH/MK/REDH202408100	UPI	Collected Amount	2,244.00
3	9/4/2024	MMH/MK/RECH202402822	CASH	Advance Amount	10,000.00
4	9/5/2024	MMH/MK/RECH202402825	CASH	Advance Amount	9,500.00
5	9/7/2024	MMH/MK/RECH202402853	CASH	Advance Amount	10,000.00
6	9/8/2024	MMH/MK/RECH202402868	CASH	Advance Amount	15,000.00
7	9/9/2024	MMH/MK/RECH202402879	CASH	Advance Amount	10,000.00
8	9/11/2024	MMH/MK/RECH202402914	CASH	Advance Amount	15,000.00
9	9/13/2024	MMH/MK/REDH202408099	CASH	Collected Amount	14,000.00