

IN PATIENT SUMMARY BILL

UHID : MKB202404971 Bill No : MMH/MK/IP202401148
IP No : IPKB2024001158 Bill Date : 13/09/2024
Patient name : B/O.SUBASHINI DOA : 9/9/2024 9:00PM
Age : 0 Y 0 M 4 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 12,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 3,200.00
6	LABORATORY	₹ 5,140.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,300.00
9	OTHERS	₹ 500.00
10	PROFESSIONAL TEAM FEES	₹ 10,000.00
		₹ 38,490.00
		₹ 1,500.00
		₹ 36,990.00
		₹ 19,000.00
		₹ 17,990.00

Received Amount in Words : Thirty-Six Thousand Nine Hundred Ninety Only
MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MK/RECH202402884	CARD	Advance Amount	5,000.00
2	9/11/2024	MMH/MK/RECH202402901	CARD	Advance Amount	10,000.00
3	9/12/2024	MMH/MK/RECH202402921	CARD	Advance Amount	4,000.00
4	9/13/2024	MMH/MK/REDH202408103	CARD	Collected Amount	17,990.00