

IN PATIENT SUMMARY BILL

UHID : MKB202405065 Bill No : MMH/MK/IP202401165
IP No : IPKB2024001185 Bill Date : 16/09/2024
Patient name : Mrs.RAJESHWARI.S DOA : 14/9/2024 10:00PM
Age : 75 Y 0 M 2 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 8,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 8,100.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 10,154.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,100.00
9	OTHERS	₹ 2,000.00
10	PROCEDURE CHARGES	₹ 400.00
11	PROFESSIONAL TEAM FEES	₹ 3,000.00
12	RADIOLOGY	₹ 9,770.00

Gross Amount	₹ 49,874.00
Discount Amount	₹ 4,000.00
Net Payable	₹ 45,874.00
Advance Amount	₹ 21,000.00
Received Amount	₹ 24,874.00

Received Amount in Words : Forty-Five Thousand Eight Hundred Seventy-Four Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/15/2024	MMH/MK/RECH202402966	CARD	Advance Amount	21,000.00
2	9/16/2024	MMH/MK/REDH202408207	CARD	Collected Amount	24,874.00