

IN PATIENT SUMMARY BILL

UHID : MKB202404952

IP No : IPKB2024001154

Patient name : B/O.JESINTHA MARY

Age : 0 Y 0 M 7 D/Female

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202401167

Bill Date : 16/09/2024

DOA : 9/9/2024 1:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 28,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 23,000.00
6	LABORATORY	₹ 6,504.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 5,100.00
9	OTHERS	₹ 3,000.00
10	PROCEDURE CHARGES	₹ 200.00
11	PROFESSIONAL TEAM FEES	₹ 20,250.00
12	RADIOLOGY	₹ 1,080.00
Gross Amount		₹ 92,884.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 89,884.00
Advance Amount		₹ 75,500.00
Received Amount		₹ 14,384.00

Received Amount in Words : Eighty-Nine Thousand Eight Hundred Eighty-Four Only

KRISHNAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MK/RECH202402887	UPI	Advance Amount	12,500.00
2	9/11/2024	MMH/MK/RECH202402903	UPI	Advance Amount	12,500.00
3	9/16/2024	MMH/MK/REDH202408215	UPI	Collected Amount	14,384.00
4	9/12/2024	MMH/MK/RECH202402919	CARD	Advance Amount	17,000.00
5	9/13/2024	MMH/MK/RECH202402937	CARD	Advance Amount	5,500.00
6	9/14/2024	MMH/MK/RECH202402946	CARD	Advance Amount	8,000.00
7	9/15/2024	MMH/MK/RECH202402964	CARD	Advance Amount	10,000.00
8	9/9/2024	MMH/MK/RECH202402869	CASH	Advance Amount	10,000.00