

### IN PATIENT SUMMARY BILL

UHID : MKB202405039  
 IP No : IPKB2024001177  
 Patient name : Master.JASWIN.V  
 Age : 10 Y 0 M 3 D/Male  
 Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202401169  
 Bill Date : 16/09/2024  
 DOA : 13/9/2024 3:40PM  
 DOD :  
 Entity Type : CASH  
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 12,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 7,500.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 9,724.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 12,000.00
10	RADIOLOGY	₹ 8,850.00
		₹ 60,224.00
		₹ 3,000.00
		₹ 57,224.00
		₹ 45,000.00
		₹ 12,224.00

Received Amount in Words : Fifty-Seven Thousand Two Hundred Twenty-Four Only  
 Authorised Signature : MANIMEGALAI.T

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/16/2024	MMH/MK/REDH202408220	UPI	Collected Amount	2,224.00
2	9/14/2024	MMH/MK/RECH202402949	CASH	Advance Amount	20,000.00
3	9/15/2024	MMH/MK/RECH202402958	CASH	Advance Amount	20,000.00
4	9/16/2024	MMH/MK/RECH202402974	CASH	Advance Amount	5,000.00
5	9/16/2024	MMH/MK/REDH202408219	CASH	Collected Amount	10,000.00