

IN PATIENT SUMMARY BILL

UHID : MKB202405039

IP No : IPKB2024001177

Patient name : Master.JASWIN.V

Age : 10 Y 0 M 3 D/Male

Bill No : MMH/MK/IP202401169

Bill Date : 16/09/2024

DOA : 13/9/2024 3:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.S.MAHESHWARAN

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
Gross Amount		₹ 60,224.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 57,224.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 12,224.00

Received Amount in Words : Fifty-Seven Thousand Two Hundred Twenty-Four Only

MANIMEGALAI.T  
Authorised Signature

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