

## IN PATIENT SUMMARY BILL

UHID : MKB202405118  
IP No : IPKB2024001198  
Patient name : Mrs.RADHA . R  
Age : 37 Y 0 M 3 D/Female  
Bill No : MMH/MK/IP202401182  
Bill Date : 20/09/2024  
DOA : 17/9/2024 6:50PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 9,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 13,100.00
6	INJECTION CHARGES	₹ 700.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 4,960.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,550.00
11	OTHERS	₹ 2,000.00
12	PROCEDURE CHARGES	₹ 2,700.00
13	PROFESSIONAL TEAM FEES	₹ 10,500.00
14	RADIOLOGY	₹ 2,540.00
	<b>Gross Amount</b>	₹ 56,300.00
	<b>Discount Amount</b>	₹ 4,000.00
	<b>Net Payable</b>	₹ 52,300.00
	<b>Advance Amount</b>	₹ 40,000.00
	<b>Received Amount</b>	₹ 12,300.00

Received Amount in Words : Fifty-Two Thousand Three Hundred Only

KRISHNAN  
Authorised Signature

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MK/RECH202402995	CASH	Advance Amount	24,000.00
2	9/19/2024	MMH/MK/RECH202403015	CASH	Advance Amount	16,000.00
3	9/20/2024	MMH/MK/REDH202408328	CASH	Collected Amount	12,300.00