

IN PATIENT SUMMARY BILL

UHID	:	MKB202405103	Bill No	:	MMH/MK/IP202401183
IP No	:	IPKB2024001196	Bill Date	:	20/09/2024
Patient name	:	Mrs.UMA RANI.G	DOA	:	16/9/2024 10:45PM
Age	:	57 Y 0 M 5 D/Female	DOD	:	20/9/2024 4:47PM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.B.VINOTHKUMAR			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 3,500.00
3	CASUALTY	₹ 750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 3,650.00
6	INJECTION CHARGES	₹ 350.00
7	LABORATORY	₹ 5,946.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,800.00
10	OPERATION THEATRE CHARGES	₹ 5,000.00
11	PHARMACY CHARGE	₹ 3,637.00
12	PROCEDURE CHARGES	₹ 200.00
13	PROFESSIONAL TEAM FEES	₹ 34,000.00
14	RADIOLOGY	₹ 3,000.00

Received Amount in Words

• Fifty-Nine Thousand Only

KRISHNAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/17/2024	MMH/MK/RECH202402980	CASH	Advance Amount	2,000.00
2	9/17/2024	MMH/MK/RECH202402986	CASH	Advance Amount	5,000.00
3	9/18/2024	MMH/MK/RECH202403007	CASH	Advance Amount	20,000.00
4	9/20/2024	MMH/MK/REDH202408333	CASH	Collected Amount	32,000.00