

IN PATIENT SUMMARY BILL

UHID : MKB202405113 Bill No : MMH/MK/IP202401187
IP No : IPKB2024001197 Bill Date : 21/09/2024
Patient name : Child.YUGAVARADHAN.S DOA : 17/9/2024 3:00PM
Age : 0 Y 0 M 8 D/Male DOD : 21/9/2024 12:52PM
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 1,300.00
5	LABORATORY	₹ 600.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,800.00
8	OTHERS	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 7,000.00
		₹ 18,650.00
		₹ 1,000.00
		₹ 17,650.00
		₹ 12,500.00
		₹ 5,150.00

Received Amount in Words : Seventeen Thousand Six Hundred Fifty Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MK/RECH202403018	UPI	Advance Amount	3,500.00
2	9/21/2024	MMH/MK/REDH202408353	UPI	Collected Amount	5,150.00
3	9/18/2024	MMH/MK/RECH202402992	CARD	Advance Amount	5,000.00
4	9/19/2024	MMH/MK/RECH202403013	CARD	Advance Amount	4,000.00