

IN PATIENT SUMMARY BILL

UHID : MKB202405186

IP No : IPKB2024001220

Patient name : Mr.RANJITH.R

Age : 25 Y 0 M 1 D/Male

Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202401193

Bill Date : 22/09/2024

DOA : 21/9/2024 11:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 150.00 |
| 2 | BED CHARGES | ₹ 4,100.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 400.00 |
| 4 | EQUIPMENT | ₹ 1,100.00 |
| 5 | INTENSIVIST CHARGES | ₹ 3,000.00 |
| 6 | LABORATORY | ₹ 2,496.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 550.00 |
| 9 | OTHERS | ₹ 2,000.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 3,000.00 |
| 11 | RADIOLOGY | ₹ 3,920.00 |
| Gross Amount | | ₹ 20,916.00 |
| Discount Amount | | ₹ 2,500.00 |
| Net Payable | | ₹ 18,416.00 |
| Received Amount | | ₹ 18,416.00 |

Received Amount in Words : Eighteen Thousand Four Hundred Sixteen Only

KRISHNAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/22/2024 | MMH/MK/REDH202408393 | UPI | Collected Amount | 18,416.00 |