

IN PATIENT SUMMARY BILL

UHID : MKB202405199

IP No : IPKB2024001224

Patient name : Mr.NARAYANA SAMY.R

Age : 90 Y 0 M 1 D/Male

Bill No : MMH/MK/IP202401195

Bill Date : 23/09/2024

DOA : 22/9/2024 4:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 7,050.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 14,316.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 550.00
10	PROCEDURE CHARGES	₹ 200.00
11	PROFESSIONAL TEAM FEES	₹ 2,000.00
12	RADIOLOGY	₹ 3,090.00
Gross Amount		₹ 35,406.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 33,406.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 23,406.00

Received Amount in Words : Thirty-Three Thousand Four Hundred Six Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/22/2024	MMH/MK/RECH202403062	CARD	Advance Amount	10,000.00
2	9/23/2024	MMH/MK/REDH202408427	CARD	Collected Amount	23,406.00