

IN PATIENT SUMMARY BILL

UHID : MKB202405232

IP No : IPKB2024001234

Patient name : Mrs.NEELAVATHI.N

Age : 58 Y 0 M 1 D/Female

Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202401213

Bill Date : 25/09/2024

DOA : 24/9/2024 2:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	LABORATORY	₹ 250.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 900.00
8	PROFESSIONAL TEAM FEES	₹ 1,500.00
Gross Amount		₹ 6,550.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 5,050.00
Received Amount		₹ 5,050.00

Received Amount in Words : Five Thousand Fifty Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MK/REDH202408501	CARD	Collected Amount	5,050.00