

IN PATIENT SUMMARY BILL

UHID : MKB202405232 Bill No : MMH/MK/IP202401213
IP No : IPKB2024001234 Bill Date : 25/09/2024
Patient name : Mrs.NEELAVATHI.N DOA : 24/9/2024 2:10PM
Age : 58 Y 0 M 1 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.JAMUNA

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