

IN PATIENT SUMMARY BILL

UHID : MKB202405246 Bill No : MMH/MK/IP202401216
IP No : IPKB2024001236 Bill Date : 27/09/2024
Patient name : Mr.VENKATESAN. K DOA : 25/9/2024 2:00PM
Age : 34 Y 0 M 2 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	LABORATORY	₹ 5,470.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 900.00
7	PROFESSIONAL TEAM FEES	₹ 3,250.00
8	RADIOLOGY	₹ 200.00
		₹ 12,970.00
		₹ 2,120.00
		₹ 10,850.00
		₹ 5,000.00
		₹ 5,850.00

Received Amount in Words : Ten Thousand Eight Hundred Fifty Only MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MK/RECH202403111	CASH	Advance Amount	5,000.00
2	9/27/2024	MMH/MK/REDH202408533	CASH	Collected Amount	5,850.00