

IN PATIENT SUMMARY BILL

UHID : MKB202405177

IP No : IPKB2024001218

Patient name : Mrs.ARIVUCHUDAR. P

Age : 28 Y 0 M 6 D/Female

Consultant Name : Dr.S.ANAND

Bill No : MMH/MK/IP202401217

Bill Date : 27/09/2024

DOA : 21/9/2024 5:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 12,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
4	LABORATORY	₹ 3,924.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 2,700.00
7	OTHERS	₹ 500.00
8	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 26,874.00
Discount Amount		₹ 2,500.00
Net Payable		₹ 24,374.00
Advance Amount		₹ 16,500.00
Received Amount		₹ 7,874.00

Received Amount in Words : Twenty-Four Thousand Three Hundred Seventy-Four Only

MANIMEGALAI.T  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/22/2024	MMH/MK/RECH202403055	UPI	Advance Amount	4,500.00
2	9/24/2024	MMH/MK/RECH202403092	UPI	Advance Amount	4,000.00
3	9/23/2024	MMH/MK/RECH202403072	CASH	Advance Amount	3,500.00
4	9/25/2024	MMH/MK/RECH202403099	CASH	Advance Amount	4,500.00
5	9/27/2024	MMH/MK/REDH202408535	CASH	Collected Amount	7,874.00