

IN PATIENT SUMMARY BILL

UHID : MKB202405221 Bill No : MMH/MK/IP202401219
IP No : IPKB2024001230 Bill Date : 27/09/2024
Patient name : Mrs.DEVAGI.G DOA : 23/9/2024 10:40PM
Age : 73 Y 0 M 4 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.M.BALAPRAKASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 14,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 24,800.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 8,710.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,100.00
9	PROCEDURE CHARGES	₹ 200.00
10	PROFESSIONAL TEAM FEES	₹ 7,750.00
11	RADIOLOGY	₹ 1,590.00
Gross Amount		₹ 70,400.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 67,400.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 37,400.00

Received Amount in Words : Sixty-Seven Thousand Four Hundred 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/RECH202403110	UPI	Advance Amount	20,000.00
2	9/27/2024	MMH/MK/REDH202408541	UPI	Collected Amount	37,400.00
3	9/25/2024	MMH/MK/RECH202403102	CASH	Advance Amount	10,000.00