

IN PATIENT SUMMARY BILL

UHID : MKB202401427

IP No : IPKB2024001233

Patient name : Mr.HARIPRASATH.B

Age : 39 Y 7 M 10 D/Male

Consultant Name : Dr.S.JAMUNA

Bill No : MMH/MK/IP202401221

Bill Date : 27/09/2024

DOA : 24/9/2024 1:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	LABORATORY	₹ 2,060.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 1,350.00
7	PROFESSIONAL TEAM FEES	₹ 3,250.00
Gross Amount		₹ 12,710.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 11,210.00
Advance Amount		₹ 4,000.00
Received Amount		₹ 7,210.00

Received Amount in Words : Eleven Thousand Two Hundred Ten Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MK/RECH202403104	UPI	Advance Amount	4,000.00
2	9/27/2024	MMH/MK/REDH202408544	CASH	Collected Amount	7,210.00