

### IN PATIENT SUMMARY BILL

UHID : MKB202401427 Bill No : MMH/MK/IP202401221  
IP No : IPKB2024001233 Bill Date : 27/09/2024  
Patient name : Mr.HARIPRASATH.B DOA : 24/9/2024 1:10PM  
Age : 39 Y 7 M 10 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	₹ 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
	<b>Gross Amount</b>	₹ 12,710.00
	<b>Discount Amount</b>	₹ 1,500.00
	<b>Net Payable</b>	₹ 11,210.00
	<b>Advance Amount</b>	₹ 4,000.00
	<b>Received Amount</b>	₹ 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