

IN PATIENT SUMMARY BILL

UHID : MKB202405189
 IP No : IPKB2024001222
 Patient name : Mrs.UMA MAHESHWARI.G
 Age : 60 Y 0 M 7 D/Female
 Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202401231
 Bill Date : 29/09/2024
 DOA : 22/9/2024 12:45AM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 24,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 31,100.00
6	INTENSIVIST CHARGES	₹ 12,000.00
7	LABORATORY	₹ 7,756.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 4,000.00
10	PHYSIOTHERAPY	₹ 2,000.00
11	PROCEDURE CHARGES	₹ 560.00
12	PROFESSIONAL TEAM FEES	₹ 19,000.00
13	RADIOLOGY	₹ 21,500.00
		₹ 127,366.00
		₹ 5,000.00
		₹ 122,366.00
		₹ 93,000.00
		₹ 29,366.00

Received Amount in Words : One Lakh Twenty-Two Thousand Three Hundred
 Sixty-Six 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/RECH202403051	UPI	Advance Amount	13,000.00
2	9/23/2024	MMH/MK/RECH202403068	UPI	Advance Amount	30,500.00
3	9/24/2024	MMH/MK/RECH202403090	UPI	Advance Amount	21,000.00
4	9/25/2024	MMH/MK/RECH202403097	UPI	Advance Amount	22,500.00
5	9/26/2024	MMH/MK/RECH202403114	UPI	Advance Amount	6,000.00
6	9/29/2024	MMH/MK/REDH202408599	UPI	Collected Amount	29,366.00