

IN PATIENT SUMMARY BILL

UHID : MKB202405232 Bill No : MMH/MK/IP202401241
IP No : IPKB2024001263 Bill Date : 01/10/2024
Patient name : Mrs.NEELAVATHI.N DOA : 30/9/2024 5:00PM
Age : 58 Y 0 M 7 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 1,000.00
5	INJECTION CHARGES	₹ 1,620.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 5,720.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 550.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
11	RADIOLOGY	₹ 3,500.00

Gross Amount ₹ 22,240.00
Discount Amount ₹ 2,240.00
Net Payable ₹ 20,000.00
Received Amount ₹ 20,000.00

Received Amount in Words : Twenty Thousand Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/1/2024	MMH/MK/REDH202408670	CARD	Collected Amount	20,000.00