

IN PATIENT SUMMARY BILL

UHID : MKB202405298 Bill No : MMH/MK/IP202401244
 IP No : IPKB2024001252 Bill Date : 02/10/2024
 Patient name : Mr.DHARANIKUMAR.S DOA : 28/9/2024 7:45PM
 Age : 22 Y 0 M 4 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 1,200.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 9,300.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 5,250.00
10	RADIOLOGY	₹ 2,000.00
		₹ 37,900.00
		₹ 2,000.00
		₹ 35,900.00
		₹ 28,000.00
		₹ 7,900.00

Received Amount in Words : Thirty-Five Thousand Nine Hundred Only MANIMEGALAI.T
 Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/29/2024	MMH/MK/RECH202403140	CASH	Advance Amount	9,000.00
2	9/30/2024	MMH/MK/RECH202403147	CASH	Advance Amount	14,000.00
3	10/1/2024	MMH/MK/RECH202403158	CASH	Advance Amount	5,000.00
4	10/2/2024	MMH/MK/REDH202408686	CASH	Collected Amount	7,900.00