

IN PATIENT SUMMARY BILL

UHID : MKB202405368 Bill No : MMH/MK/IP202401248
IP No : IPKB2024001271 Bill Date : 03/10/2024
Patient name : Mrs.VASANTHI. N DOA : 2/10/2024 3:50PM
Age : 65 Y 0 M 1 D/Female DOD : 3/10/2024 10:24AM
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	LABORATORY	₹ 240.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 450.00
7	PROCEDURE CHARGES	₹ 200.00
8	PROFESSIONAL TEAM FEES	₹ 1,500.00
	Gross Amount	₹ 5,140.00
	Discount Amount	₹ 140.00
	Net Payable	₹ 5,000.00
	Advance Amount	₹ 5,000.00
	Received Amount	₹ 0.00

Received Amount in Words : Five Thousand Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/2/2024	MMH/MK/RECH202403174	UPI	Advance Amount	5,000.00