

IN PATIENT SUMMARY BILL

UHID : MKB202405264
 IP No : IPKB2024001245
 Patient name : Mr.VIJAYARAJAN.R
 Age : 40 Y 0 M 8 D/Male
 Bill No : MMH/MK/IP202401255
 Bill Date : 04/10/2024
 DOA : 26/9/2024 10:40PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

Consultant Name : Dr.VIGNESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 8,050.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 11,688.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 550.00
9	PROCEDURE CHARGES	₹ 2,900.00
10	PROFESSIONAL TEAM FEES	₹ 4,300.00
11	RADIOLOGY	₹ 9,200.00
		₹ 44,538.00
		₹ 5,538.00
		₹ 39,000.00
		₹ 39,000.00
		₹ 0.00

Received Amount in Words : Thirty-Nine Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MK/RECH202403186	UPI	Advance Amount	13,000.00
2	9/27/2024	MMH/MK/RECH202403127	CASH	Advance Amount	10,000.00
3	9/27/2024	MMH/MK/RECH202403128	CASH	Advance Amount	12,000.00
4	10/4/2024	MMH/MK/RECH202403187	CASH	Advance Amount	4,000.00