

IN PATIENT SUMMARY BILL

UHID : MKB202405473 Bill No : MMH/MK/IP202401275
IP No : IPKB2024001303 Bill Date : 11/10/2024
Patient name : Mrs.MOHSINA FARVEEN.M DOA : 10/10/2024 9:00AM
Age : 29 Y 0 M 1 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.ANAND

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 350.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 120.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 450.00
9	OPERATION THEATRE CHARGES	₹ 5,000.00
10	PROFESSIONAL TEAM FEES	₹ 12,000.00
		₹ 21,020.00
		₹ 1,500.00
		₹ 19,520.00
		₹ 19,520.00

Received Amount in Words : Nineteen Thousand Five Hundred Twenty Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2024	MMH/MK/REDH202408890	CASH	Collected Amount	19,520.00