

IN PATIENT SUMMARY BILL

UHID : MKB202405447 Bill No : MMH/MK/IP202401285
IP No : IPKB2024001293 Bill Date : 12/10/2024
Patient name : Master.MANUNEETHI .P DOA : 8/10/2024 2:20PM
Age : 1 Y 0 M 4 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 8,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 400.00
5	LABORATORY	₹ 720.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,800.00
8	PROFESSIONAL TEAM FEES	₹ 5,500.00
	Gross Amount	₹ 18,370.00
	Discount Amount	₹ 1,000.00
	Net Payable	₹ 17,370.00
	Advance Amount	₹ 9,000.00
	Received Amount	₹ 8,370.00

Received Amount in Words : Seventeen Thousand Three Hundred Seventy Only

DHIVYA.P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/MK/RECH202403236	UPI	Advance Amount	9,000.00
2	10/12/2024	MMH/MK/REDH202408932	UPI	Collected Amount	8,370.00