

IN PATIENT SUMMARY BILL

UHID : MKB202405496

IP No : IPKB2024001311

Patient name : Baby.KAVIKA. M

Age : 1 Y 0 M 4 D/Female

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202401301

Bill Date : 16/10/2024

DOA : 12/10/2024 12:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 13,300.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 2,740.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 10,000.00
Gross Amount		₹ 42,190.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 40,190.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 10,190.00

Received Amount in Words : Forty Thousand One Hundred Ninety Only

MANIMEGALAI.T  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/13/2024	MMH/MK/RECH202403263	UPI	Advance Amount	5,000.00
2	10/12/2024	MMH/MK/RECH202403255	CASH	Advance Amount	5,000.00
3	10/14/2024	MMH/MK/RECH202403274	CASH	Advance Amount	15,000.00
4	10/15/2024	MMH/MK/RECH202403290	CASH	Advance Amount	5,000.00
5	10/16/2024	MMH/MK/REDH202409026	CASH	Collected Amount	10,190.00