

### IN PATIENT SUMMARY BILL

UHID : MKB202405496 Bill No : MMH/MK/IP202401301  
IP No : IPKB2024001311 Bill Date : 16/10/2024  
Patient name : Baby.KAVIKA. M DOA : 12/10/2024 12:00PM  
Age : 1 Y 0 M 4 D/Female DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.S.MAHESHWARAN

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
	<b>Gross Amount</b>	₹ 42,190.00
	<b>Discount Amount</b>	₹ 2,000.00
	<b>Net Payable</b>	₹ 40,190.00
	<b>Advance Amount</b>	₹ 30,000.00
	<b>Received Amount</b>	₹ 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