

## IN PATIENT SUMMARY BILL

UHID : MKB202405498 Bill No : MMH/MK/IP202401304  
IP No : IPKB2024001313 Bill Date : 16/10/2024  
Patient name : Mrs.NOORJAHAN.S DOA : 12/10/2024 2:35PM  
Age : 57 Y 0 M 4 D/Female DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.N.MOHAMMED SAGI

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	₹ 350.00
5	IMPLANT	₹ 7,601.00
6	LABORATORY	₹ 6,644.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,800.00
9	OPERATION THEATRE CHARGES	₹ 7,100.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 38,000.00
12	RADIOLOGY	₹ 620.00

Gross Amount : ₹ 73,265.00  
Discount Amount : ₹ 4,000.00  
Net Payable : ₹ 69,265.00  
Advance Amount : ₹ 69,265.00  
Received Amount : ₹ 0.00

Received Amount in Words : Sixty-Nine Thousand Two Hundred Sixty-Five Only

KRISHNAN

Authorised Signature

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/14/2024	MMH/MK/RECH202403272	UPI	Advance Amount	10,000.00
2	10/16/2024	MMH/MK/RECH202403301	UPI	Advance Amount	10,664.00
3	10/13/2024	MMH/MK/RECH202403266	CARD	Advance Amount	6,000.00
4	10/16/2024	MMH/MK/RECH202403302	CARD	Advance Amount	42,601.00