

IN PATIENT SUMMARY BILL

UHID	:	MKB202405556	Bill No	:	MMH/MK/IP202401305
IP No	:	IPKB2024001328	Bill Date	:	17/10/2024
Patient name	:	Mrs.INDHRA. D	DOA	:	16/10/2024 3:10PM
Age	:	62 Y 0 M 1 D/Female	DOD	:	
Consultant Name					Entity Type : CASH
					Entity Name : CASH

Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,050.00
3	CASUALTY	₹ 750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 600.00
6	INJECTION CHARGES	₹ 350.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 13,827.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,000.00
11	PROCEDURE CHARGES	₹ 200.00
12	PROFESSIONAL TEAM FEES	₹ 3,250.00
13	RADIOLOGY	₹ 3,440.00
		₹ 31,617.00
		₹ 1,617.00
		₹ 30,000.00
		₹ 30,000.00

Received Amount in Words : Thirty Thousand Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/17/2024	MMH/MK/REDH202409052	UPI	Collected Amount	10,000.00
2	10/17/2024	MMH/MK/REDH202409051	CASH	Collected Amount	20,000.00