

IN PATIENT SUMMARY BILL

UHID : MKB202403312

IP No : IPKB2024000773

Patient name : Mrs.PRAVEENA.N

Age : 28 Y 0 M 9 D/Female

Consultant Name : Dr.NIRMAL KUMAR.N

Bill No : MMH/MK/IP202400763

Bill Date : 08/06/2024

DOA : 5/6/2024 3:00PM

DOD : 8/6/2024 3:46PM

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 12,300.00
3	BLOOD COMPONENTS	₹ 2,250.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 16,850.00
6	GENERAL PROCEDURE	₹ 6,700.00
7	INJECTION CHARGES	₹ 3,020.00
8	INTENSIVIST CHARGES	₹ 9,000.00
9	LABORATORY	₹ 27,906.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 1,650.00
12	OPERATION THEATRE CHARGES	₹ 13,778.00
13	PHARMACY CHARGE	₹ 9,172.00
14	PROFESSIONAL TEAM FEES	₹ 85,500.00
15	RADIOLOGY	₹ 15,040.00
Gross Amount		₹ 204,716.00
Discount Amount		₹ 10,000.00
Net Payable		₹ 194,716.00
Advance Amount		₹ 194,716.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ninety-Four Thousand Seven Hundred Sixteen Only

MANIMEGALAI.T
Authorised Signature

S.No	Description	Amount
------	-------------	--------

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MK/RECH202401794	CASH	Advance Amount	8,000.00
2	6/6/2024	MMH/MK/RECH202401795	UPI	Advance Amount	5,000.00
3	6/6/2024	MMH/MK/RECH202401797	UPI	Advance Amount	3,500.00
4	6/7/2024	MMH/MK/RECH202401806	CASH	Advance Amount	20,000.00
5	6/7/2024	MMH/MK/RECH202401807	CARD	Advance Amount	20,000.00
6	6/8/2024	MMH/MK/RECH202401825	UPI	Advance Amount	18,216.00
7	6/8/2024	MMH/MK/RECH202401826	UPI	Advance Amount	25,000.00
8	6/8/2024	MMH/MK/RECH202401827	UPI	Advance Amount	25,000.00
9	6/8/2024	MMH/MK/RECH202401828	UPI	Advance Amount	25,000.00
10	6/8/2024	MMH/MK/RECH202401829	UPI	Advance Amount	5,000.00
11	6/8/2024	MMH/MK/RECH202401830	UPI	Advance Amount	10,000.00
12	6/8/2024	MMH/MK/RECH202401831	CASH	Advance Amount	30,000.00