IN PATIENT SUMMARY BILL

UHID	:	MKB202403313	Bill No	:	MMH/MK/IP202400772
IP No	:	IPKB2024000774	Bill Date	:	10/06/2024
Patient name	:	Mr.RAJENDRAN.P	DOA	:	5/6/2024 3:15PM
Age	:	52 Y 0 M 5 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.NIRMAL KUMAR.N			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	20,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	2,000.00
5	EQUIPMENT	₹	31,000.00
6	GENERAL PROCEDURE	₹	5,400.00
7	INJECTION CHARGES	₹	350.00
8	INTENSIVIST CHARGES	₹	15,000.00
9	LABORATORY	₹	28,448.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	2,750.00
12	OTHERS	₹	2,000.00
13	PHYSIOTHERAPY	₹	2,400.00
14	PROFESSIONAL TEAM FEES	₹	25,500.00
15	RADIOLOGY	₹	2,200.00
	Gross Amount	₹	**139,398.00**
	Discount Amount	₹	**4,400.00**
	Net Payable	₹	**134,998.00**
	Advance Amount	₹	**101,000.00**
	Received Amount	₹	**33,998.00**

Received Amount in Words : One Lakh Thirty-Four Thousand Nine Hundred Ninety-Eight Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/5/2024	MMH/MK/RECH202401789	CASH	Advance Amount	10,000.00
2	6/6/2024	MMH/MK/RECH202401798	CASH	Advance Amount	10,000.00
3	6/7/2024	MMH/MK/RECH202401802	CASH	Advance Amount	10,000.00
4	6/7/2024	MMH/MK/RECH202401811	CASH	Advance Amount	20,000.00
5	6/8/2024	MMH/MK/RECH202401820	CASH	Advance Amount	15,000.00
6	6/9/2024	MMH/MK/RECH202401852	CASH	Advance Amount	15,000.00
7	6/10/2024	MMH/MK/RECH202401855	CARD	Advance Amount	21,000.00
8	6/10/2024	MMH/MK/REDH202405096	CASH	Collected Amount	33,998.00

S.No	Description	Amount