

IN PATIENT SUMMARY BILL

UHID : MKB202403311

IP No : IPKB2024000772

Patient name : Master.JAISHNAV.R

Age : 4 Y 0 M 5 D/Male

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202400774

Bill Date : 10/06/2024

DOA : 5/6/2024 1:40PM

DOD : 10/6/2024 3:42PM

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	LABORATORY	₹ 1,512.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 2,250.00
7	PROFESSIONAL TEAM FEES	₹ 10,250.00
Gross Amount		₹ 26,362.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 24,862.00
Advance Amount		₹ 17,000.00
Received Amount		₹ 7,862.00

Received Amount in Words : Twenty-Four Thousand Eight Hundred Sixty-Two Only

KRISHNAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MK/RECH202401793	CARD	Advance Amount	4,500.00
2	6/7/2024	MMH/MK/RECH202401808	CARD	Advance Amount	4,500.00
3	6/8/2024	MMH/MK/RECH202401824	CARD	Advance Amount	4,000.00
4	6/9/2024	MMH/MK/RECH202401849	CARD	Advance Amount	4,000.00
5	6/10/2024	MMH/MK/REDH202405105	CARD	Collected Amount	7,862.00