

IN PATIENT SUMMARY BILL

UHID : MKB202403354 Bill No : MMH/MK/IP202400777
IP No : IPKB2024000783 Bill Date : 10/06/2024
Patient name : Mr.CHANDRU.K DOA : 7/6/2024 2:30PM
Age : 45 Y 0 M 3 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.J.ALEX MOSES

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 6,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	EQUIPMENT	₹ 5,850.00
5	GENERAL PROCEDURE	₹ 740.00
6	LABORATORY	₹ 240.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,350.00
9	OPERATION THEATRE CHARGES	₹ 6,500.00
10	PROFESSIONAL TEAM FEES	₹ 40,000.00
	Gross Amount	₹ 62,230.00
	Discount Amount	₹ 3,000.00
	Net Payable	₹ 59,230.00
	Advance Amount	₹ 59,230.00
	Received Amount	₹ 0.00

Received Amount in Words : Fifty-Nine Thousand Two Hundred Thirty Only KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MK/RECH202401814	CASH	Advance Amount	30,000.00
2	6/10/2024	MMH/MK/RECH202401864	UPI	Advance Amount	29,230.00