

IN PATIENT SUMMARY BILL

UHID : MKB202400406

IP No : IPKB2024000778

Patient name : Ms.PAVITHRA.K

Age : 23 Y 4 M 30 D/Female

Bill No : MMH/MK/IP202400786

Bill Date : 11/06/2024

DOA : 6/6/2024 11:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJARAJAN K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	EQUIPMENT	₹ 1,300.00
5	GENERAL PROCEDURE	₹ 300.00
6	IMPLANT	₹ 40,000.00
7	INJECTION CHARGES	₹ 350.00
8	LABORATORY	₹ 2,556.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,250.00
11	OPERATION THEATRE CHARGES	₹ 11,700.00
12	PROFESSIONAL TEAM FEES	₹ 104,000.00
13	RADIOLOGY	₹ 3,620.00
Gross Amount		₹ 178,426.00
Discount Amount		₹ 8,426.00
Net Payable		₹ 170,000.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MK/RECH202401805	CASH	Advance Amount	30,000.00
2	6/7/2024	MMH/MK/RECH202401812	CASH	Advance Amount	20,000.00
3	6/8/2024	MMH/MK/RECH202401834	CASH	Advance Amount	50,000.00
4	6/10/2024	MMH/MK/RECH202401863	CASH	Advance Amount	50,000.00
5	6/11/2024	MMH/MK/RECH202401879	UPI	Advance Amount	20,000.00