IN PATIENT SUMMARY BILL

UHID	:	MKB202403360	Bill No	:	MMH/MK/IP202400793
IP No	:	IPKB2024000786	Bill Date	:	15/06/2024
Patient name	:	Child.KESWARI.S	DOA	:	7/6/2024 5:00PM
Age	:	7 Y 0 M 8 D/Female	DOD	:	15/6/2024 11:20AM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	16,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
4	EQUIPMENT	₹	6,000.00
5	INTENSIVIST CHARGES	₹	9,000.00
6	LABORATORY	₹	940.00
7	MEDICAL RECORD CHARGE	₹	200.00
8	NURSING CHARGE	₹	3,900.00
9	OTHERS	₹	2,500.00
10	PROFESSIONAL TEAM FEES	₹	27,000.00
11	RADIOLOGY	₹	9,350.00
	Gross Amount	₹	**79,040.00**
	Discount Amount	₹	**3,000.00**
	Net Payable	₹	**76,040.00**
	Advance Amount	₹	**64,000.00**
	Received Amount	₹	**12,040.00**

Received Amount in Words : Seventy-Six Thousand Forty Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/8/2024	MMH/MK/RECH202401816	CASH	Advance Amount	16,000.00
2	6/9/2024	MMH/MK/RECH202401840	CASH	Advance Amount	20,000.00
3	6/10/2024	MMH/MK/RECH202401858	CASH	Advance Amount	10,000.00
4	6/11/2024	MMH/MK/RECH202401878	CASH	Advance Amount	7,500.00
5	6/12/2024	MMH/MK/RECH202401881	CASH	Advance Amount	2,000.00
6	6/13/2024	MMH/MK/RECH202401894	CASH	Advance Amount	5,000.00
7	6/14/2024	MMH/MK/RECH202401906	CASH	Advance Amount	3,500.00
8	6/15/2024	MMH/MK/REDH202405280	CASH	Collected Amount	12,040.00