

IN PATIENT SUMMARY BILL

UHID : MKB202403392 Bill No : MMH/MK/IP202400811
 IP No : IPKB2024000794 Bill Date : 18/06/2024
 Patient name : Mr.JAISANKAR.K DOA : 9/6/2024 8:30AM
 Age : 47 Y 0 M 9 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.NIRMAL KUMAR.N

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 29,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
4	EQUIPMENT	₹ 30,450.00
5	GENERAL PROCEDURE	₹ 6,360.00
6	IMPLANT	₹ 63,324.00
7	INJECTION CHARGES	₹ 3,150.00
8	INTENSIVIST CHARGES	₹ 18,000.00
9	LABORATORY	₹ 21,304.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 5,100.00
12	OPERATION THEATRE CHARGES	₹ 15,500.00
13	OTHERS	₹ 2,000.00
14	PHYSIOTHERAPY	₹ 3,600.00
15	PROFESSIONAL TEAM FEES	₹ 111,000.00
16	RADIOLOGY	₹ 21,200.00
		₹ 334,638.00
		₹ 29,638.00
		₹ 305,000.00
		₹ 305,000.00
		₹ 0.00

Received Amount in Words : Three Lakh Five Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/9/2024	MMH/MK/RECH202401842	UPI	Advance Amount	17,000.00
2	6/11/2024	MMH/MK/RECH202401867	CASH	Advance Amount	50,000.00
3	6/12/2024	MMH/MK/RECH202401888	CASH	Advance Amount	13,000.00
4	6/13/2024	MMH/MK/RECH202401902	CASH	Advance Amount	15,000.00
5	6/15/2024	MMH/MK/RECH202401915	CASH	Advance Amount	20,000.00
6	6/15/2024	MMH/MK/RECH202401926	CASH	Advance Amount	100,000.00
7	6/18/2024	MMH/MK/RECH202401953	CASH	Advance Amount	90,000.00

S.No	Description	Amount
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