IN PATIENT SUMMARY BILL

UHID	:	MKB202403393	Bill No	:	MMH/MK/IP202400820
IP No	:	IPKB2024000795	Bill Date	:	22/06/2024
Patient name	:	B/O.SUBAIHA BRGAM.M	DOA	:	9/6/2024 9:00AM
Age	:	0 Y 0 M 13 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ACCOMMODATION	₹	16,000.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	44,850.00
4	BLOOD COMPONENTS	₹	1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,000.00
6	EQUIPMENT	₹	40,000.00
7	GENERAL PROCEDURE	₹	5,000.00
8	LABORATORY	₹	24,346.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	8,550.00
11	OTHERS	₹	2,000.00
12	PROCEDURE	₹	2,500.00
13	PROFESSIONAL TEAM FEES	₹	57,000.00
14	RADIOLOGY	₹	1,080.00
	Gross Amount	₹	**205,176.00**
	Discount Amount	₹	**5,000.00**
	Net Payable	₹	**200,176.00**
	Advance Amount	₹	**155,000.00**
	Received Amount	₹	**45,176.00**

Received Amount in Words : Two Lakh One Hundred Seventy-Six Only

DHIVYA.P

Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/9/2024	MMH/MK/RECH202401844	CARD	Advance Amount	10,000.00
2	6/10/2024	MMH/MK/RECH202401859	CARD	Advance Amount	10,000.00
3	6/11/2024	MMH/MK/RECH202401876	CARD	Advance Amount	20,000.00
4	6/12/2024	MMH/MK/RECH202401885	CARD	Advance Amount	20,000.00
5	6/13/2024	MMH/MK/RECH202401897	CARD	Advance Amount	20,000.00
6	6/14/2024	MMH/MK/RECH202401911	CARD	Advance Amount	20,000.00
7	6/15/2024	MMH/MK/RECH202401924	CARD	Advance Amount	19,000.00
8	6/16/2024	MMH/MK/RECH202401935	CARD	Advance Amount	10,000.00
9	6/17/2024	MMH/MK/RECH202401946	CARD	Advance Amount	10,000.00
10	6/18/2024	MMH/MK/RECH202401955	CARD	Advance Amount	11,500.00
11	6/19/2024	MMH/MK/RECH202401962	CARD	Advance Amount	4,500.00
12	6/22/2024	MMH/MK/REDH202405490	CARD	Collected Amount	45,176.00