IN PATIENT SUMMARY BILL

UHID	:	MKB202403309	Bill No	:	MMH/MK/IP202400821
IP No	:	IPKB2024000771	Bill Date	:	22/06/2024
Patient name	:	B/O.ANBARASI	DOA	:	5/6/2024 10:45AM
Age	:	0 Y 2 M 28 D/Male	DOD	:	22/6/2024 8:44PM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ACCOMMODATION	₹	5,000.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	67,500.00
4	BLOOD COMPONENTS	₹	250.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,200.00
6	EQUIPMENT	₹	97,550.00
7	GENERAL PROCEEDURE	₹	10,200.00
8	LABORATORY	₹	24,376.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	11,850.00
11	OTHERS	₹	1,500.00
12	PROCEDURE	₹	3,000.00
13	PROFESSIONAL TEAM FEES	₹	60,000.00
14	RADIOLOGY	₹	2,700.00

Gross Amount	₹	**285,476.00**
Discount Amount	₹	**5,476.00**
Net Payable	₹	**280,000.00**
Advance Amount	₹	**235,000.00**
Received Amount	₹	**45,000.00**

Received Amount in Words : Two Lakh Eighty Thousand Only

MANIMEGALAI.T

Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MK/RECH202401792	UPI	Advance Amount	15,000.00
2	6/22/2024	MMH/MK/REDH202405496	UPI	Collected Amount	45,000.00
3	6/7/2024	MMH/MK/RECH202401809	CARD	Advance Amount	14,000.00
4	6/8/2024	MMH/MK/RECH202401817	CARD	Advance Amount	30,500.00
5	6/10/2024	MMH/MK/RECH202401862	CARD	Advance Amount	30,500.00
6	6/11/2024	MMH/MK/RECH202401874	CARD	Advance Amount	10,000.00
7	6/16/2024	MMH/MK/RECH202401937	CARD	Advance Amount	15,000.00
8	6/6/2024	MMH/MK/RECH202401791	CASH	Advance Amount	7,500.00
9	6/9/2024	MMH/MK/RECH202401845	CASH	Advance Amount	18,000.00
10	6/11/2024	MMH/MK/RECH202401873	CASH	Advance Amount	9,500.00
11	6/14/2024	MMH/MK/RECH202401908	CASH	Advance Amount	20,000.00
12	6/15/2024	MMH/MK/RECH202401923	CASH	Advance Amount	15,000.00
13	6/18/2024	MMH/MK/RECH202401950	CASH	Advance Amount	10,000.00
14	6/22/2024	MMH/MK/RECH202401977	CASH	Advance Amount	40,000.00