

IN PATIENT SUMMARY BILL

UHID : MKB202403615 Bill No : MMH/MK/IP202400825
IP No : IPKB2024000841 Bill Date : 24/06/2024
Patient name : Mr.ISMATH BATCHA.M DOA : 23/6/2024 10:30PM
Age : 55 Y 0 M 1 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.J.ALEX MOSES

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 150.00 |
| 2 | BED CHARGES | ₹ 1,000.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 400.00 |
| 4 | LABORATORY | ₹ 600.00 |
| 5 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 6 | NURSING CHARGE | ₹ 450.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 6,100.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 11,000.00 |
| 9 | RADIOLOGY | ₹ 350.00 |
| | Gross Amount | ₹ 20,250.00 |
| | Discount Amount | ₹ 2,000.00 |
| | Net Payable | ₹ 18,250.00 |
| | Advance Amount | ₹ 5,000.00 |
| | Received Amount | ₹ 13,250.00 |

Received Amount in Words : Eighteen Thousand Two Hundred Fifty Only

DHIVYA.P

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 6/24/2024 | MMH/MK/RECH202401989 | CASH | Advance Amount | 5,000.00 |
| 2 | 6/24/2024 | MMH/MK/REDH202405544 | UPI | Collected Amount | 13,250.00 |