

IN PATIENT SUMMARY BILL

UHID : MKB202403684 Bill No : MMH/MK/IP202400847
IP No : IPKB2024000864 Bill Date : 30/06/2024
Patient name : Mr.ABISEK.S DOA : 27/6/2024 8:45PM
Age : 23 Y 0 M 3 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.M.BALAPRAKASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 6,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	GENERAL PROCEDURE	₹ 200.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 4,744.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,450.00
9	OTHERS	₹ 2,000.00
10	PROFESSIONAL TEAM FEES	₹ 4,500.00
11	RADIOLOGY	₹ 8,240.00
Gross Amount		₹ 31,784.00
Discount Amount		₹ 2,284.00
Net Payable		₹ 29,500.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 4,500.00

Received Amount in Words : Twenty-Nine Thousand Five Hundred Only MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MK/RECH202402030	CASH	Advance Amount	15,000.00
2	6/29/2024	MMH/MK/RECH202402049	CASH	Advance Amount	10,000.00
3	6/30/2024	MMH/MK/REDH202405692	CASH	Collected Amount	4,500.00