IN PATIENT SUMMARY BILL

UHID	:	MKB202403697	Bill No	:	MMH/MK/IP202400882
IP No	:	IPKB2024000866	Bill Date	:	08/07/2024
Patient name	:	B/O.NIVETHA	DOA	:	28/6/2024 6:30PM
Age	:	0 Y 0 M 10 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ACCOMMODATION	₹	2,000.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	40,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹	800.00
5	EQUIPMENT	₹	43,250.00
6	GENERAL PROCEDURE	₹	5,200.00
7	LABORATORY	₹	14,640.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	7,200.00
10	OTHERS	₹	500.00
11	PROFESSIONAL TEAM FEES	₹	45,000.00
12	RADIOLOGY	₹	2,160.00

Gross Amount	₹	**162,000.00**
Discount Amount	₹	**4,000.00**
Net Payable	₹	**158,000.00**
Advance Amount	₹	**158,000.00**
Received Amount	₹	**0.00**

Received Amount in Words :

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MK/RECH202402051	CASH	Advance Amount	20,000.00
2	7/1/2024	MMH/MK/RECH202402067	UPI	Advance Amount	20,000.00
3	7/2/2024	MMH/MK/RECH202402080	UPI	Advance Amount	20,000.00
4	7/3/2024	MMH/MK/RECH202402092	UPI	Advance Amount	15,000.00
5	7/5/2024	MMH/MK/RECH202402117	UPI	Advance Amount	20,000.00
6	7/6/2024	MMH/MK/RECH202402123	UPI	Advance Amount	15,000.00
7	7/8/2024	MMH/MK/RECH202402155	CASH	Advance Amount	28,000.00
8	7/8/2024	MMH/MK/RECH202402156	UPI	Advance Amount	20,000.00