

IN PATIENT SUMMARY BILL

UHID : MKB202403991
IP No : IPKB2024000911
Patient name : Mr.PALANIVEL.S
Age : 17 Y 0 M 0 D/Male
Bill No : MMH/MK/IP202400891
Bill Date : 12/07/2024
DOA : 8/7/2024 1:10PM
DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 11,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	EQUIPMENT	₹ 600.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 2,344.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,350.00
9	PROFESSIONAL TEAM FEES	₹ 5,750.00
10	RADIOLOGY	₹ 420.00
	Gross Amount	₹ 27,914.00
	Discount Amount	₹ 1,500.00
	Net Payable	₹ 26,414.00
	Advance Amount	₹ 15,000.00
	Received Amount	₹ 11,414.00

Received Amount in Words : Twenty-Six Thousand Four Hundred Fourteen Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MK/RECH202402199	CASH	Advance Amount	10,000.00
2	7/11/2024	MMH/MK/RECH202402200	CASH	Advance Amount	5,000.00
3	7/12/2024	MMH/MK/REDH202406244	CASH	Collected Amount	11,414.00