

IN PATIENT SUMMARY BILL

UHID : MKB202403812 Bill No : MMH/MK/IP202400898
IP No : IPKB2024000897 Bill Date : 12/07/2024
Patient name : Mr. VELAYUTHAM.R DOA : 5/7/2024 11:45PM
Age : 28 Y 0 M 7 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr. VIGNESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 3,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	EQUIPMENT	₹ 9,250.00
5	LABORATORY	₹ 1,750.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	MISCELLANEOUS	₹ 50.00
8	NURSING CHARGE	₹ 1,350.00
9	OPERATION THEATRE CHARGES	₹ 6,200.00
10	PROFESSIONAL TEAM FEES	₹ 48,950.00
11	RADIOLOGY	₹ 7,000.00
Gross Amount		₹ 79,350.00
Discount Amount		₹ 4,000.00
Net Payable		₹ 75,350.00
Advance Amount		₹ 75,350.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Five Thousand Three Hundred Fifty Only MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MK/RECH202402130	CASH	Advance Amount	3,000.00
2	7/6/2024	MMH/MK/RECH202402132	CASH	Advance Amount	20,000.00
3	7/7/2024	MMH/MK/RECH202402175	CASH	Advance Amount	1,500.00
4	7/9/2024	MMH/MK/RECH202402176	CASH	Advance Amount	44,850.00
5	7/8/2024	MMH/MK/RECH202402177	UPI	Advance Amount	6,000.00