

IN PATIENT SUMMARY BILL

UHID : MKB202403962 Bill No : MMH/MK/IP202400902
IP No : IPKB2024000929 Bill Date : 13/07/2024
Patient name : Mrs.SUMATHI DOA : 10/7/2024 7:27PM
Age : 55 Y 0 M 3 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.LASHA VALANTINE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
4	EQUIPMENT	₹ 11,897.00
5	LABORATORY	₹ 2,153.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,350.00
8	OPERATION THEATRE CHARGES	₹ 7,000.00
9	PROFESSIONAL TEAM FEES	₹ 47,000.00
	Gross Amount	₹ 75,450.00
	Discount Amount	₹ 2,500.00
	Net Payable	₹ 72,950.00
	Advance Amount	₹ 50,000.00
	Received Amount	₹ 22,950.00

Received Amount in Words : Seventy-Two Thousand Nine Hundred Fifty Only

KRISHNAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MK/RECH202402159	CARD	Advance Amount	20,000.00
2	7/11/2024	MMH/MK/RECH202402169	CASH	Advance Amount	30,000.00
3	7/13/2024	MMH/MK/REDH202406259	CASH	Collected Amount	22,950.00