IN PATIENT SUMMARY BILL

UHID	:	MKB202403723	Bill No	:	MMH/MK/IP202400904
IP No	:	IPKB2024000873	Bill Date	:	13/07/2024
Patient name	:	Ms.PRATHIKA.L	DOA	:	30/6/2024 10:01AM
Age	:	13 Y 0 M 13 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	15,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	3,600.00
4	EQUIPMENT	₹	1,300.00
5	INTENSIVIST CHARGES	₹	1,500.00
6	LABORATORY	₹	4,200.00
7	MEDICAL RECORD CHARGE	₹	200.00
8	NURSING CHARGE	₹	4,600.00
9	PHYSIOTHERAPY	₹	800.00
10	PROFESSIONAL TEAM FEES	₹	24,500.00
11	RADIOLOGY	₹	2,700.00
	Gross Amount	₹	**58,550.00**
	Discount Amount	₹	**8,050.00**
	Net Payable	₹	**50,500.00**
	Advance Amount	₹	**50,500.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Fifty Thousand Five Hundred Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/1/2024	MMH/MK/RECH202402069	CASH	Advance Amount	4,000.00
2	7/2/2024	MMH/MK/RECH202402082	CASH	Advance Amount	10,500.00
3	7/3/2024	MMH/MK/RECH202402091	CASH	Advance Amount	6,000.00
4	7/4/2024	MMH/MK/RECH202402113	CASH	Advance Amount	4,000.00
5	7/5/2024	MMH/MK/RECH202402118	CASH	Advance Amount	4,500.00
6	7/6/2024	MMH/MK/RECH202402134	CASH	Advance Amount	4,000.00
7	7/9/2024	MMH/MK/RECH202402183	CASH	Advance Amount	15,000.00
8	7/8/2024	MMH/MK/RECH202402222	CASH	Advance Amount	2,500.00