IN PATIENT SUMMARY BILL

UHID	:	MKB202403954	Bill No	:	MMH/MK/IP202400908
IP No	:	IPKB2024000925	Bill Date	:	13/07/2024
Patient name	:	Mr.TAMILARASAN.T	DOA	:	10/7/2024 12:30AM
Age	:	30 Y 0 M 3 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	16,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
4	EQUIPMENT	₹	20,400.00
5	GENERAL PROCEDURE	₹	4,700.00
6	INJECTION CHARGES	₹	3,150.00
7	INTENSIVIST CHARGES	₹	12,000.00
8	LABORATORY	₹	8,556.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	2,200.00
11	OTHERS	₹	2,000.00
12	PROFESSIONAL TEAM FEES	₹	17,500.00
13	RADIOLOGY	₹	12,430.00
	Gross Amount	₹	**101,286.00**
	Discount Amount	₹	**6,786.00**
	Net Payable	₹	**94,500.00**
	Advance Amount	₹	**90,500.00**
	Received Amount	₹	**4,000.00**

Received Amount in Words : Ninety-Four Thousand Five Hundred Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MK/RECH202402156	UPI	Advance Amount	20,500.00
2	7/11/2024	MMH/MK/RECH202402167	CASH	Advance Amount	31,500.00
3	7/12/2024	MMH/MK/RECH202402191	CASH	Advance Amount	14,000.00
4	7/12/2024	MMH/MK/RECH202402192	UPI	Advance Amount	6,500.00
5	7/13/2024	MMH/MK/RECH202402224	CASH	Advance Amount	18,000.00
6	7/13/2024	MMH/MK/REDH202406270	CASH	Collected Amount	4,000.00