

IN PATIENT SUMMARY BILL

UHID : MKB202403975

IP No : IPKB2024000932

Patient name : Mr.SUNDAR.S

Age : 20 Y 0 M 3 D/Male

Consultant Name : Dr.KARTHIK RAJ

Bill No : MMH/MK/IP202400909

Bill Date : 14/07/2024

DOA : 11/7/2024 5:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 9,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 1,200.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 2,084.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,000.00
10	OTHERS	₹ 2,000.00
11	PROFESSIONAL TEAM FEES	₹ 3,500.00
12	RADIOLOGY	₹ 540.00
Gross Amount		₹ 30,474.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 28,474.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 3,474.00

Received Amount in Words : Twenty-Eight Thousand Four Hundred Seventy-Four Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MK/RECH202402174	CASH	Advance Amount	15,000.00
2	7/13/2024	MMH/MK/RECH202402213	CASH	Advance Amount	10,000.00
3	7/14/2024	MMH/MK/REDH202406273	CASH	Collected Amount	3,474.00