

IN PATIENT SUMMARY BILL

UHID : MKB202403988

IP No : IPKB2024000915

Patient name : B/O.HEMAPOOJA VALLI

Age : 0 Y 0 M 6 D/Male

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202400911

Bill Date : 14/07/2024

DOA : 8/7/2024 4:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 22,450.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 16,150.00
6	GENERAL PROCEDURE	₹ 200.00
7	LABORATORY	₹ 11,852.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 4,400.00
10	PROFESSIONAL TEAM FEES	₹ 17,250.00
11	RADIOLOGY	₹ 540.00
Gross Amount		₹ 75,992.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 72,992.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 32,992.00

Received Amount in Words : Seventy-Two Thousand Nine Hundred Ninety-Two 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/RECH202402205	UPI	Advance Amount	10,000.00
2	7/10/2024	MMH/MK/RECH202402217	UPI	Advance Amount	10,000.00
3	7/14/2024	MMH/MK/RECH202402242	UPI	Advance Amount	20,000.00
4	7/14/2024	MMH/MK/REDH202406278	UPI	Collected Amount	32,992.00