

IN PATIENT SUMMARY BILL

UHID : MKB202403734 Bill No : MMH/MK/IP202400914
IP No : IPKB2024000926 Bill Date : 15/07/2024
Patient name : Mrs.VIYATNAM.N DOA : 10/7/2024 11:15AM
Age : 46 Y 0 M 14 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	EQUIPMENT	₹ 1,300.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 2,700.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,350.00
9	OPERATION THEATRE CHARGES	₹ 10,150.00
10	PROFESSIONAL TEAM FEES	₹ 66,750.00

Gross Amount	₹ 95,950.00
Discount Amount	₹ 5,000.00
Net Payable	₹ 90,950.00
Advance Amount	₹ 30,000.00
Received Amount	₹ 60,950.00

Received Amount in Words : Ninety Thousand Nine Hundred Fifty Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MK/RECH202402166	CASH	Advance Amount	30,000.00
2	7/15/2024	MMH/MK/REDH202406309	CASH	Collected Amount	60,950.00