IN PATIENT SUMMARY BILL

UHID	:	MKB202403864	Bill No	:	MMH/MK/IP202400921
IP No	:	IPKB2024000901	Bill Date	:	17/07/2024
Patient name	:	Mr.SENTHILKUMAR.K	DOA	:	6/7/2024 4:00PM
Age	:	34 Y 0 M 11 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.KARTHIK RAJ			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	28,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
5	EQUIPMENT	₹	28,650.00
6	GENERAL PROCEDURE	₹	5,400.00
7	INJECTION CHARGES	₹	2,450.00
8	INTENSIVIST CHARGES	₹	18,000.00
9	LABORATORY	₹	26,708.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	5,100.00
12	OTHERS	₹	2,000.00
13	PROFESSIONAL TEAM FEES	₹	13,550.00
14	RADIOLOGY	₹	3,440.00

Gross Amount	₹	**139,748.00**
Discount Amount	₹	**10,000.00**
Net Payable	₹	**129,748.00**
Advance Amount	₹	**129,748.00**
Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Twenty-Nine Thousand Seven Hundred Forty-Eight Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MK/RECH202402133	CASH	Advance Amount	10,000.00
2	7/10/2024	MMH/MK/RECH202402160	CASH	Advance Amount	15,000.00
3	7/16/2024	MMH/MK/RECH202402271	CASH	Advance Amount	80,000.00
4	7/16/2024	MMH/MK/RECH202402272	CARD	Advance Amount	4,000.00
5	7/16/2024	MMH/MK/RECH202402273	UPI	Advance Amount	6,000.00
6	7/16/2024	MMH/MK/RECH202402274	CASH	Advance Amount	248.00
7	7/16/2024	MMH/MK/RECH202402275	UPI	Advance Amount	1,000.00
8	7/7/2024	MMH/MK/RECH202402277	CASH	Advance Amount	13,500.00