IN PATIENT SUMMARY BILL

UHID	:	MKB202403993	Bill No	:	MMH/MK/IP202400924
IP No	:	IPKB2024000908	Bill Date	:	18/07/2024
Patient name	:	Mr.MAHENDRAN.N	DOA	:	7/7/2024 6:40PM
Age	:	27 Y 0 M 6 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.J.ALEX MOSES			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	11,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	4,400.00
5	EQUIPMENT	₹	1,650.00
6	GENERAL PROCEDURE	₹	300.00
7	IMPLANT	₹	8,950.00
8	INJECTION CHARGES	₹	350.00
9	LABORATORY	₹	1,390.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	4,950.00
12	OPERATION THEATRE CHARGES	₹	20,350.00
13	PHYSIOTHERAPY	₹	1,600.00
14	PROFESSIONAL TEAM FEES	₹	121,750.00
15	RADIOLOGY	₹	2,550.00
	Gross Amount	₹	**180,090.00**
	Discount Amount	₹	**7,090.00**
	Net Payable	₹	**173,000.00**
	Advance Amount	₹	**155,000.00**
	Received Amount	₹	**18,000.00**

Received Amount in Words : One Lakh Seventy-Three Thousand Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/13/2024	MMH/MK/RECH202402225	CASH	Advance Amount	30,000.00
2	7/10/2024	MMH/MK/RECH202402226	CASH	Advance Amount	40,000.00
3	7/15/2024	MMH/MK/RECH202402256	CASH	Advance Amount	10,000.00
4	7/7/2024	MMH/MK/RECH202402258	CASH	Advance Amount	25,000.00
5	7/16/2024	MMH/MK/RECH202402269	CASH	Advance Amount	10,000.00
6	7/18/2024	MMH/MK/RECH202402285	CASH	Advance Amount	5,000.00
7	7/18/2024	MMH/MK/RECH202402286	UPI	Advance Amount	5,000.00
8	7/18/2024	MMH/MK/RECH202402288	CASH	Advance Amount	30,000.00
9	7/18/2024	MMH/MK/REDH202406404	CASH	Collected Amount	18,000.00

S.No	Description	Amount