IN PATIENT SUMMARY BILL

UHID	:	MKB202403984	Bill No	:	MMH/MK/IP202400926
IP No	:	IPKB2024000935	Bill Date	:	19/07/2024
Patient name	:	Mr.ARUMUGAM.G	DOA	:	12/7/2024 9:45AM
Age	:	67 Y 0 M 7 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.JAMUNA			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	24,450.00
3	CASUALTY	₹	750.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	EQUIPMENT	₹	4,000.00
6	GENERAL PROCEDURE	₹	200.00
7	INTENSIVIST CHARGES	₹	15,000.00
8	LABORATORY	₹	22,204.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	4,100.00
11	PHYSIOTHERAPY	₹	1,200.00
12	PROFESSIONAL TEAM FEES	₹	18,250.00
13	RADIOLOGY	₹	4,500.00
	Gross Amount	₹	**98,204.00**
	Discount Amount	₹	**4,204.00**
	Net Payable	₹	**94,000.00**
	Advance Amount	₹	**64,000.00**
	Received Amount	₹	**30,000.00**

Received Amount in Words : Ninety-Four 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/RECH202402210	UPI	Advance Amount	10,000.00
2	7/14/2024	MMH/MK/RECH202402235	CASH	Advance Amount	10,000.00
3	7/15/2024	MMH/MK/RECH202402250	CASH	Advance Amount	8,000.00
4	7/16/2024	MMH/MK/RECH202402259	CASH	Advance Amount	6,000.00
5	7/16/2024	MMH/MK/RECH202402267	UPI	Advance Amount	20,000.00
6	7/18/2024	MMH/MK/RECH202402287	CASH	Advance Amount	10,000.00
7	7/19/2024	MMH/MK/REDH202406424	UPI	Collected Amount	30,000.00