

IN PATIENT SUMMARY BILL

UHID : MKB202403994

IP No : IPKB2024000906

Patient name : Mr.MAHADEVAN.P

Age : 60 Y 1 M 21 D/Male

Bill No : MMH/MK/IP202400928

Bill Date : 20/07/2024

DOA : 7/7/2024 5:50PM

DOD : 20/7/2024 1:39PM

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 53,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 5,200.00
4	EQUIPMENT	₹ 63,850.00
5	GENERAL PROCEEDURE	₹ 4,400.00
6	INJECTION CHARGES	₹ 1,750.00
7	INTENSIVIST CHARGES	₹ 39,000.00
8	LABORATORY	₹ 77,060.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 7,150.00
11	OPERATION THEATRE CHARGES	₹ 5,458.00
12	OTHERS	₹ 2,000.00
13	PHYSIOTHERAPY	₹ 5,600.00
14	PROFESSIONAL TEAM FEES	₹ 52,500.00
15	RADIOLOGY	₹ 13,320.00
Gross Amount		₹ 330,938.00
Discount Amount		₹ 20,438.00
Net Payable		₹ 310,500.00
Advance Amount		₹ 180,500.00
Received Amount		₹ 130,000.00

Received Amount in Words : Three Lakh Ten Thousand Five Hundred Only

MANIMEGALAI.T  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MK/RECH202402214	CARD	Advance Amount	37,500.00
2	7/13/2024	MMH/MK/RECH202402219	CARD	Advance Amount	25,000.00
3	7/14/2024	MMH/MK/RECH202402244	CARD	Advance Amount	20,000.00
4	7/15/2024	MMH/MK/RECH202402252	CARD	Advance Amount	30,000.00
5	7/18/2024	MMH/MK/RECH202402282	CARD	Advance Amount	25,000.00
6	7/20/2024	MMH/MK/REDH202406447	CARD	Collected Amount	130,000.00
7	7/8/2024	MMH/MK/RECH202402215	CASH	Advance Amount	27,500.00
8	7/16/2024	MMH/MK/RECH202402262	CASH	Advance Amount	15,500.00

S.No	Description	Amount
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