IN PATIENT SUMMARY BILL

UHID	:	MKB202404029	Bill No	:	MMH/MK/IP202400934
IP No	:	IPKB2024000945	Bill Date	:	22/07/2024
Patient name	:	Mr.PARTHIBAN.D	DOA	:	14/7/2024 7:05PM
Age	:	28 Y 0 M 8 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	₹	8,000.00
3	BLOOD COMPONENTS	₹	250.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	EQUIPMENT	₹	700.00
6	GENERAL PROCEDURE	₹	300.00
7	IMPLANT	₹	6,700.00
8	LABORATORY	₹	3,843.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	3,600.00
11	OPERATION THEATRE CHARGES	₹	15,650.00
12	OTHERS	₹	2,000.00
13	PROFESSIONAL TEAM FEES	₹	136,000.00

Gross Amount	₹	**180,593.00**
Discount Amount	₹	**3,593.00**
Net Payable	₹	**177,000.00**
Advance Amount	₹	**177,000.00**
Received Amount	₹	**0.00**

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

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/14/2024	MMH/MK/RECH202402245	CARD	Advance Amount	10,000.00
2	7/15/2024	MMH/MK/RECH202402253	CARD	Advance Amount	20,000.00
3	7/16/2024	MMH/MK/RECH202402263	CARD	Advance Amount	40,000.00
4	7/17/2024	MMH/MK/RECH202402276	CASH	Advance Amount	32,000.00
5	7/19/2024	MMH/MK/RECH202402291	UPI	Advance Amount	20,000.00
6	7/20/2024	MMH/MK/RECH202402301	CASH	Advance Amount	20,000.00
7	7/20/2024	MMH/MK/RECH202402302	UPI	Advance Amount	2,000.00
8	7/22/2024	MMH/MK/RECH202402311	CARD	Advance Amount	33,000.00