

IN PATIENT SUMMARY BILL

UHID : MKB202402331

IP No : IPKB2024000954

Patient name : Mr.AKASH.S

Age : 21 Y 3 M 20 D/Male

Consultant Name : Dr.RAJARAJAN K

Bill No : MMH/MK/IP202400939

Bill Date : 25/07/2024

DOA : 19/7/2024 9:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 13,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 43,890.00
5	GENERAL PROCEDURE	₹ 800.00
6	INJECTION CHARGES	₹ 700.00
7	LABORATORY	₹ 676.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,150.00
10	OPERATION THEATRE CHARGES	₹ 16,350.00
11	PROFESSIONAL TEAM FEES	₹ 105,000.00
12	RADIOLOGY	₹ 6,000.00
Gross Amount		₹ 192,716.00
Discount Amount		₹ 5,000.00
Net Payable		₹ 187,716.00
Advance Amount		₹ 187,716.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eighty-Seven Thousand Seven Hundred Sixteen Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/19/2024	MMH/MK/RECH202402295	CASH	Advance Amount	25,000.00
2	7/22/2024	MMH/MK/RECH202402306	UPI	Advance Amount	4,000.00
3	7/23/2024	MMH/MK/RECH202402317	CASH	Advance Amount	94,000.00
4	7/23/2024	MMH/MK/RECH202402318	UPI	Advance Amount	6,000.00
5	7/25/2024	MMH/MK/RECH202402331	CASH	Advance Amount	20,000.00
6	7/25/2024	MMH/MK/RECH202402332	UPI	Advance Amount	38,716.00