IN PATIENT SUMMARY BILL

UHID	:	MKB202403986	Bill No	:	MMH/MK/IP202400940
IP No	:	IPKB2024000937	Bill Date	:	26/07/2024
Patient name	:	Mr.RAVI.S	DOA	:	8/7/2024 11:40PM
Age	:	58 Y 0 M 14 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	48,600.00
3	CASUALTY	₹	750.00
4	DIALYSIS / DIALYZER	₹	21,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹	7,200.00
6	EQUIPMENT	₹	43,900.00
7	GENERAL PROCEDURE	₹	8,400.00
8	INTENSIVIST CHARGES	₹	21,000.00
9	LABORATORY	₹	41,774.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	8,800.00
12	OPERATION THEATRE CHARGES	₹	14,400.00
13	OTHERS	₹	2,000.00
14	PHYSIOTHERAPY	₹	4,400.00
15	PROFESSIONAL TEAM FEES	₹	65,000.00
16	RADIOLOGY	₹	13,050.00
	Gross Amount	₹	**300,624.00**
	Discount Amount	₹	**4,000.00**
	Net Payable	₹	**296,624.00**
	Advance Amount	₹	**265,000.00**
	Received Amount	₹	**31,624.00**

Received Amount in Words : Two Lakh Ninety-Six Thousand Six Hundred Twenty-Four Only

DHIVYA.P
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MK/RECH202402211	CARD	Advance Amount	20,000.00
2	7/10/2024	MMH/MK/RECH202402212	UPI	Advance Amount	40,000.00
3	7/13/2024	MMH/MK/RECH202402220	UPI	Advance Amount	20,000.00
4	7/14/2024	MMH/MK/RECH202402241	CASH	Advance Amount	20,000.00
5	7/15/2024	MMH/MK/RECH202402251	CASH	Advance Amount	40,000.00
6	7/16/2024	MMH/MK/RECH202402270	CASH	Advance Amount	30,000.00
7	7/18/2024	MMH/MK/RECH202402290	CASH	Advance Amount	25,000.00
8	7/21/2024	MMH/MK/RECH202402305	CASH	Advance Amount	40,000.00
9	7/25/2024	MMH/MK/RECH202402328	CASH	Advance Amount	10,000.00
10	7/25/2024	MMH/MK/RECH202402329	UPI	Advance Amount	20,000.00
11	7/26/2024	MMH/MK/REDH202406593	UPI	Collected Amount	31,624.00