

IN PATIENT SUMMARY BILL

UHID : MKB202404135 Bill No : MMH/MK/IP202400947
 IP No : IPKB2024000959 Bill Date : 28/07/2024
 Patient name : B/O.JABURUTH NISHA.M DOA : 21/7/2024 8:45AM
 Age : 0 Y 0 M 7 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.MAHESHWARAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 8,000.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 30,750.00
4	EQUIPMENT	₹ 50,200.00
5	GENERAL PROCEDURE	₹ 5,200.00
6	LABORATORY	₹ 15,372.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 5,600.00
9	OTHERS	₹ 2,500.00
10	PROCEDURE	₹ 2,000.00
11	PROFESSIONAL TEAM FEES	₹ 30,500.00
12	RADIOLOGY	₹ 2,160.00

Gross Amount	₹ 152,632.00
Discount Amount	₹ 5,000.00
Net Payable	₹ 147,632.00
Advance Amount	₹ 147,632.00
Received Amount	₹ 0.00

Received Amount in Words : One Lakh Forty-Seven Thousand Six Hundred
 Thirty-Two Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/22/2024	MMH/MK/RECH202402308	CARD	Advance Amount	26,500.00
2	7/23/2024	MMH/MK/RECH202402314	CARD	Advance Amount	21,000.00
3	7/24/2024	MMH/MK/RECH202402322	CARD	Advance Amount	13,500.00
4	7/25/2024	MMH/MK/RECH202402333	CARD	Advance Amount	22,000.00
5	7/26/2024	MMH/MK/RECH202402343	CARD	Advance Amount	13,500.00
6	7/28/2024	MMH/MK/RECH202402369	CARD	Advance Amount	51,132.00