

IN PATIENT SUMMARY BILL

UHID : MKB202404219

IP No : IPKB2024000972

Patient name : Mrs.AMUTHA.M

Age : 65 Y 1 M 7 D/Female

Consultant Name : Dr.M.BALAPRAKASH

Bill No : MMH/MK/IP202400969

Bill Date : 31/07/2024

DOA : 26/7/2024 10:00PM

DOD : 31/7/2024 3:04PM

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 150.00 |
| 2 | BED CHARGES | ₹ 16,300.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,000.00 |
| 4 | EQUIPMENT | ₹ 6,800.00 |
| 5 | GENERAL PROCEEDURE | ₹ 4,200.00 |
| 6 | INTENSIVIST CHARGES | ₹ 9,000.00 |
| 7 | LABORATORY | ₹ 18,364.00 |
| 8 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 9 | NURSING CHARGE | ₹ 2,550.00 |
| 10 | PHYSIOTHERAPY | ₹ 400.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 16,250.00 |
| 12 | RADIOLOGY | ₹ 10,090.00 |
| Gross Amount | | ₹ 86,304.00 |
| Discount Amount | | ₹ 3,000.00 |
| Net Payable | | ₹ 83,304.00 |
| Advance Amount | | ₹ 63,000.00 |
| Received Amount | | ₹ 20,304.00 |

Received Amount in Words : Eighty-Three Thousand Three Hundred Four Only

KRISHNAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/27/2024 | MMH/MK/RECH202402356 | UPI | Advance Amount | 10,000.00 |
| 2 | 7/28/2024 | MMH/MK/RECH202402366 | UPI | Advance Amount | 10,000.00 |
| 3 | 7/28/2024 | MMH/MK/RECH202402370 | UPI | Advance Amount | 13,000.00 |
| 4 | 7/31/2024 | MMH/MK/REDH202406788 | UPI | Collected Amount | 20,304.00 |
| 5 | 7/29/2024 | MMH/MK/RECH202402380 | CARD | Advance Amount | 15,000.00 |
| 6 | 7/31/2024 | MMH/MK/RECH202402414 | CARD | Advance Amount | 15,000.00 |