

## IN PATIENT SUMMARY BILL

UHID	:	MKB202404219	Bill No	:	MMH/MK/IP202400969
IP No	:	IPKB2024000972	Bill Date	:	31/07/2024
Patient name	:	Mrs.AMUTHA.M	DOA	:	26/7/2024 10:00PM
Age	:	65 Y 1 M 7 D/Female	DOD	:	31/7/2024 3:04PM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

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
	<b>Gross Amount</b>	₹ 86,304.00
	<b>Discount Amount</b>	₹ 3,000.00
	<b>Net Payable</b>	₹ 83,304.00
	<b>Advance Amount</b>	₹ 63,000.00
	<b>Received Amount</b>	₹ 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