IN PATIENT SUMMARY BILL

UHID	:	MKB202404315	Bill No	:	MMH/MK/IP202400978
IP No	:	IPKB2024000992	Bill Date	:	02/08/2024
Patient name	:	Mrs.AAFREEN BEGUM.J	DOA	:	30/7/2024 5:30PM
Age	:	36 Y 0 M 3 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.KARTHIK RAJ			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	12,300.00
4	BLOOD COMPONENTS	₹	500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,200.00
6	EQUIPMENT	₹	49,200.00
7	GENERAL PROCEDURE	₹	13,500.00
8	INJECTION CHARGES	₹	1,750.00
9	INTENSIVIST CHARGES	₹	9,000.00
10	LABORATORY	₹	12,570.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	1,650.00
13	OPERATION THEATRE CHARGES	₹	37,500.00
14	OTHERS	₹	2,000.00
15	PROFESSIONAL TEAM FEES	₹	128,500.00
16	RADIOLOGY	₹	7,480.00

Gross Amount	₹	**279,000.00**
Discount Amount	₹	**10,000.00**
Net Payable	₹	**269,000.00**
Advance Amount	₹	**250,000.00**
Received Amount	₹	**19,000.00**

Received Amount in Words : Two Lakh Sixty-Nine Thousand Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MK/RECH202402404	UPI	Advance Amount	40,000.00
2	7/30/2024	MMH/MK/RECH202402405	UPI	Advance Amount	40,000.00
3	7/30/2024	MMH/MK/RECH202402406	CARD	Advance Amount	50,000.00
4	7/31/2024	MMH/MK/RECH202402408	CARD	Advance Amount	60,000.00
5	7/31/2024	MMH/MK/RECH202402409	CASH	Advance Amount	40,000.00
6	8/1/2024	MMH/MK/RECH202402429	CARD	Advance Amount	20,000.00
7	8/2/2024	MMH/MK/REDH202406826	CARD	Collected Amount	18,000.00
8	8/2/2024	MMH/MK/REDH202406827	CASH	Collected Amount	1,000.00

S.No	Description	Amount