IN PATIENT SUMMARY BILL

UHID	:	MKB202404251	Bill No	:	MMH/MK/IP202400998
IP No	:	IPKB2024000983	Bill Date	:	06/08/2024
Patient name	:	Mrs.KAVITHA.N	DOA	:	28/7/2024 10:50PM
Age	:	49 Y 0 M 9 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	34,850.00
3	BLOOD COMPONENTS	₹	250.00
4	CASUALTY	₹	1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,600.00
6	EQUIPMENT	₹	52,600.00
7	GENERAL PROCEDURE	₹	7,400.00
8	INJECTION CHARGES	₹	5,950.00
9	INTENSIVIST CHARGES	₹	27,000.00
10	LABORATORY	₹	70,012.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	4,950.00
13	OPERATION THEATRE CHARGES	₹	7,150.00
14	PHYSIOTHERAPY	₹	2,400.00
15	PROFESSIONAL TEAM FEES	₹	56,500.00
16	RADIOLOGY	₹	13,990.00
	Gross Amount	₹	**288,502.00**
	Discount Amount	₹	**18,502.00**
	Net Payable	₹	**270,000.00**
	Advance Amount	₹	**270,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/29/2024	MMH/MK/RECH202402379	CASH	Advance Amount	20,000.00
2	7/31/2024	MMH/MK/RECH202402407	CASH	Advance Amount	30,000.00
3	8/1/2024	MMH/MK/RECH202402425	CASH	Advance Amount	40,000.00
4	8/2/2024	MMH/MK/RECH202402437	CASH	Advance Amount	20,000.00
5	8/3/2024	MMH/MK/RECH202402453	CARD	Advance Amount	20,000.00
6	8/4/2024	MMH/MK/RECH202402462	CARD	Advance Amount	30,000.00
7	8/5/2024	MMH/MK/RECH202402479	CARD	Advance Amount	40,000.00
8	8/6/2024	MMH/MK/RECH202402480	CARD	Advance Amount	70,000.00

S.No	Description	Amount