IN PATIENT SUMMARY BILL

UHID	:	MKB202404400	Bill No	:	MMH/MK/IP202401008
IP No	:	IPKB2024001023	Bill Date	:	08/08/2024
Patient name	:	Mr.KARTHIKEYAN.S	DOA	:	5/8/2024 1:10AM
Age	:	26 Y 0 M 28 D/Male	DOD	:	8/8/2024 11:09AM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	12,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
5	EQUIPMENT	₹	1,200.00
6	GENERAL PROCEEDURE	₹	200.00
7	INTENSIVIST CHARGES	₹	6,000.00
8	LABORATORY	₹	8,512.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	2,000.00
11	OTHERS	₹	2,000.00
12	PROFESSIONAL FEES	₹	6,000.00
13	PROFESSIONAL TEAM FEES	₹	750.00
14	RADIOLOGY	₹	11,120.00

Gross Amount	₹	**53,432.00**
Discount Amount	₹	**1,432.00**
Net Payable	₹	**52,000.00**
Advance Amount	₹	**40,000.00**
Received Amount	₹	**12,000.00**

Received Amount in Words : Fifty-Two Thousand Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MK/RECH202402474	CASH	Advance Amount	24,000.00
2	8/6/2024	MMH/MK/RECH202402495	CASH	Advance Amount	16,000.00
3	8/8/2024	MMH/MK/REDH202407007	CASH	Collected Amount	12,000.00