IN PATIENT SUMMARY BILL

UHID	:	MKB202404237	Bill No	:	MMH/MK/IP202401024
IP No	:	IPKB2024000976	Bill Date	:	12/08/2024
Patient name	:	Master.JASHWANTH RAJ.J	DOA	:	28/7/2024 12:10AM
Age	:	14 Y 0 M 15 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.MAHESHWARAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	24,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	6,400.00
4	EQUIPMENT	₹	1,100.00
5	LABORATORY	₹	14,166.00
6	MEDICAL RECORD CHARGE	₹	200.00
7	NURSING CHARGE	₹	7,200.00
8	PHYSIOTHERAPY	₹	400.00
9	PROFESSIONAL TEAM FEES	₹	34,500.00
10	RADIOLOGY	₹	6,400.00
	Gross Amount	₹	**94,516.00**
	Discount Amount	₹	**12,500.00**
	Net Payable	₹	**82,016.00**
	Advance Amount	₹	**53,500.00**
	Received Amount	₹	**28,516.00**

Received Amount in Words : Eighty-Two Thousand Sixteen Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/28/2024	MMH/MK/RECH202402363	CASH	Advance Amount	3,000.00
2	7/29/2024	MMH/MK/RECH202402374	UPI	Advance Amount	2,000.00
3	7/30/2024	MMH/MK/RECH202402397	CASH	Advance Amount	2,000.00
4	7/31/2024	MMH/MK/RECH202402413	CASH	Advance Amount	5,000.00
5	8/1/2024	MMH/MK/RECH202402430	CASH	Advance Amount	5,000.00
6	8/2/2024	MMH/MK/RECH202402436	CARD	Advance Amount	7,000.00
7	8/3/2024	MMH/MK/RECH202402447	CASH	Advance Amount	4,500.00
8	8/4/2024	MMH/MK/RECH202402460	CASH	Advance Amount	5,000.00
9	8/5/2024	MMH/MK/RECH202402467	CASH	Advance Amount	5,000.00
10	8/6/2024	MMH/MK/RECH202402489	CARD	Advance Amount	5,000.00
11	8/11/2024	MMH/MK/RECH202402545	CASH	Advance Amount	10,000.00
12	8/12/2024	MMH/MK/REDH202407141	CARD	Collected Amount	28,516.00

S.No	Description	Amount