IN PATIENT SUMMARY BILL

UHID	:	MKB202404391	Bill No	:	MMH/MK/IP202401030
IP No	:	IPKB2024001019	Bill Date	:	14/08/2024
Patient name	:	Mr.MUTHUKUMARARAJA.K	DOA	:	4/8/2024 2:45PM
Age	:	75 Y 0 M 10 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.S.JAMUNA			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	26,150.00
3	BLOOD COMPONENTS	₹	500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	4,400.00
5	EQUIPMENT	₹	7,600.00
6	GENERAL PROCEEDURE	₹	7,200.00
7	INTENSIVIST CHARGES	₹	12,000.00
8	LABORATORY	₹	23,411.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	5,250.00
11	OTHERS	₹	2,000.00
12	PHYSIOTHERAPY	₹	1,600.00
13	PROFESSIONAL TEAM FEES	₹	34,750.00
14	RADIOLOGY	₹	2,540.00
	Gross Amount	₹	**127,751.00**
	Discount Amount	₹	**5,000.00**
	Net Payable	₹	**122,751.00**
	Advance Amount	₹	**98,000.00**
	Received Amount	₹	**24,751.00**

Received Amount in Words : One Lakh Twenty-Two Thousand Seven Hundred Fifty-One Only

DHIVYA.P
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MK/RECH202402473	CARD	Advance Amount	12,000.00
2	8/6/2024	MMH/MK/RECH202402486	CARD	Advance Amount	20,500.00
3	8/7/2024	MMH/MK/RECH202402502	CARD	Advance Amount	16,500.00
4	8/8/2024	MMH/MK/RECH202402510	CARD	Advance Amount	5,476.00
5	8/8/2024	MMH/MK/RECH202402511	CARD	Advance Amount	8,524.00
6	8/9/2024	MMH/MK/RECH202402515	CARD	Advance Amount	5,500.00
7	8/10/2024	MMH/MK/RECH202402528	CARD	Advance Amount	4,500.00
8	8/11/2024	MMH/MK/RECH202402541	CARD	Advance Amount	12,500.00
9	8/12/2024	MMH/MK/RECH202402547	CARD	Advance Amount	5,500.00
10	8/13/2024	MMH/MK/RECH202402565	CARD	Advance Amount	7,000.00
11	8/14/2024	MMH/MK/REDH202407205	CARD	Collected Amount	24,751.00