IN PATIENT SUMMARY BILL

UHID	:	MKB202404520	Bill No	:	MMH/MK/IP202401033
IP No	:	IPKB2024001047	Bill Date	:	16/08/2024
Patient name	:	Mr.SAKTHIVEL.N	DOA	:	13/8/2024 12:30AM
Age	:	20 Y 0 M 3 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	13,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
4	EQUIPMENT	₹	1,800.00
5	GENERAL PROCEEDURE	₹	200.00
6	INTENSIVIST CHARGES	₹	9,000.00
7	LABORATORY	₹	15,852.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	2,100.00
10	OTHERS	₹	2,000.00
11	PROFESSIONAL TEAM FEES	₹	4,750.00
12	RADIOLOGY	₹	2,740.00
	Gross Amount	₹	**53,642.00**
	Discount Amount	₹	**3,000.00**
	Net Payable	₹	**50,642.00**
	Advance Amount	₹	**48,000.00**
	Received Amount	₹	**2,642.00**

Received Amount in Words : Fifty Thousand Six Hundred Forty-Two Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/13/2024	MMH/MK/RECH202402559	CASH	Advance Amount	10,000.00
2	8/13/2024	MMH/MK/RECH202402567	CASH	Advance Amount	12,000.00
3	8/14/2024	MMH/MK/RECH202402573	CASH	Advance Amount	10,000.00
4	8/14/2024	MMH/MK/RECH202402578	CASH	Advance Amount	5,500.00
5	8/15/2024	MMH/MK/RECH202402590	CASH	Advance Amount	10,500.00
6	8/16/2024	MMH/MK/REDH202407249	CASH	Collected Amount	2,642.00