IN PATIENT SUMMARY BILL

UHID	:	MKB202404489	Bill No	:	MMH/MK/IP202401047
IP No	:	IPKB2024001042	Bill Date	:	19/08/2024
Patient name	:	Mr.KUMAR.R	DOA	:	11/8/2024 2:15AM
Age	:	32 Y 0 M 8 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.PALANIAPPAN			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	27,450.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,600.00
5	EQUIPMENT	₹	5,000.00
6	GENERAL PROCEEDURE	₹	1,080.00
7	INJECTION CHARGES	₹	1,620.00
8	INTENSIVIST CHARGES	₹	15,000.00
9	LABORATORY	₹	16,016.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	4,550.00
12	OTHERS	₹	2,000.00
13	PHYSIOTHERAPY	₹	1,200.00
14	PROFESSIONAL TEAM FEES	₹	23,250.00
15	RADIOLOGY	₹	29,960.00
	Gross Amount	₹	**132,576.00**
	Discount Amount	₹	**3,000.00**
	Net Payable	₹	**129,576.00**
	Advance Amount	₹	**114,000.00**
	Received Amount	₹	**15,576.00**

Received Amount in Words : One Lakh Twenty-Nine Thousand Five Hundred Seventy-Six Only

DHIVYA.P
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/11/2024	MMH/MK/RECH202402535	UPI	Advance Amount	20,900.00
2	8/11/2024	MMH/MK/RECH202402536	CASH	Advance Amount	1,100.00
3	8/12/2024	MMH/MK/RECH202402546	UPI	Advance Amount	31,500.00
4	8/13/2024	MMH/MK/RECH202402560	CARD	Advance Amount	15,500.00
5	8/14/2024	MMH/MK/RECH202402572	CARD	Advance Amount	13,000.00
6	8/15/2024	MMH/MK/RECH202402581	CARD	Advance Amount	11,000.00
7	8/16/2024	MMH/MK/RECH202402601	CARD	Advance Amount	7,500.00
8	8/17/2024	MMH/MK/RECH202402612	CASH	Advance Amount	4,000.00
9	8/18/2024	MMH/MK/RECH202402622	CARD	Advance Amount	5,500.00
10	8/19/2024	MMH/MK/RECH202402634	CARD	Advance Amount	4,000.00
11	8/19/2024	MMH/MK/REDH202407355	CASH	Collected Amount	15,576.00