

IN PATIENT SUMMARY BILL

UHID : MKB202404609
 IP No : IPKB2024001068
 Patient name : Mr.NATARAJAN.N
 Age : 57 Y 0 M 3 D/Male
 Bill No : MMH/MK/IP202401055
 Bill Date : 21/08/2024
 DOA : 18/8/2024 1:01PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.S.JAMUNA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,450.00
3	CASUALTY	₹ 750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 6,400.00
6	GENERAL PROCEEDURE	₹ 2,700.00
7	INJECTION CHARGES	₹ 350.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	LABORATORY	₹ 16,506.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 1,550.00
12	PROFESSIONAL TEAM FEES	₹ 8,500.00
13	RADIOLOGY	₹ 12,280.00

Gross Amount	₹ 67,036.00
Discount Amount	₹ 3,006.00
Net Payable	₹ 64,030.00
Advance Amount	₹ 25,000.00
Received Amount	₹ 39,030.00

Received Amount in Words : Sixty-Four Thousand Thirty Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/19/2024	MMH/MK/RECH202402637	CASH	Advance Amount	10,000.00
2	8/20/2024	MMH/MK/RECH202402651	CASH	Advance Amount	15,000.00
3	8/21/2024	MMH/MK/REDH202407406	CASH	Collected Amount	39,030.00