

IN PATIENT SUMMARY BILL

UHID : MKB202400166

IP No : IPKB2024001078

Patient name : Mr.JAYACHANDRAN

Age : 30 Y 0 M 0 D/Male

Consultant Name : Dr.M.BALAPRAKASH

Bill No : MMH/MK/IP202401058

Bill Date : 23/08/2024

DOA : 23/8/2024 2:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 5,100.00
5	GENERAL PROCEEDURE	₹ 2,700.00
6	INJECTION CHARGES	₹ 1,050.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 3,028.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 550.00
11	PROFESSIONAL FEES	₹ 500.00
12	PROFESSIONAL TEAM FEES	₹ 1,500.00
13	RADIOLOGY	₹ 2,700.00
Gross Amount		₹ 22,928.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 21,428.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 1,428.00

Received Amount in Words : Twenty-One Thousand Four Hundred Twenty-Eight Only

KRISHNAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MK/REDH202407443	UPI	Collected Amount	1,000.00
2	8/23/2024	MMH/MK/RECH202402664	CASH	Advance Amount	20,000.00
3	8/23/2024	MMH/MK/REDH202407444	CASH	Collected Amount	428.00