IN PATIENT SUMMARY BILL

UHID	:	MKB202404558	Bill No	:	MMH/MK/IP202401067
IP No	:	IPKB2024001063	Bill Date	:	25/08/2024
Patient name	:	Mr.RASU. K	DOA	:	17/8/2024 5:20AM
Age	:	36 Y 0 M 10 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	₹	34,850.00
3	BLOOD COMPONENTS	₹	250.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,600.00
5	EQUIPMENT	₹	74,944.00
6	GENERAL PROCEEDURE	₹	4,500.00
7	IMPLANT	₹	76,500.00
8	INJECTION CHARGES	₹	700.00
9	INTENSIVIST CHARGES	₹	27,000.00
10	LABORATORY	₹	23,716.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	4,950.00
13	OPERATION THEATRE CHARGES	₹	33,400.00
14	OTHERS	₹	1,000.00
15	PHYSIOTHERAPY	₹	4,400.00
16	PROFESSIONAL TEAM FEES	₹	179,000.00
17	RADIOLOGY	₹	10,840.00

Gross Amount	₹	**480,000.00**
Discount Amount	₹	**30,000.00**
Net Payable	₹	**450,000.00**
Advance Amount	₹	**450,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Fifty Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/25/2024	MMH/MK/RECH202402690	UPI	Advance Amount	20,000.00
2	8/25/2024	MMH/MK/RECH202402691	UPI	Advance Amount	20,000.00
3	8/25/2024	MMH/MK/RECH202402692	UPI	Advance Amount	10,000.00
4	8/17/2024	MMH/MK/RECH202402616	CASH	Advance Amount	100,000.00
5	8/20/2024	MMH/MK/RECH202402648	CASH	Advance Amount	150,000.00
6	8/24/2024	MMH/MK/RECH202402678	CASH	Advance Amount	50,000.00
7	8/25/2024	MMH/MK/RECH202402693	CASH	Advance Amount	100,000.00

S.No	Description	Amount