

IN PATIENT SUMMARY BILL

UHID : MKB202404613
 IP No : IPKB2024001070
 Patient name : Mr.JAI SHANKAR
 Age : 45 Y 0 M 8 D/Male
 Consultant Name : Dr.J.ALEX MOSES

Bill No : MMH/MK/IP202401070
 Bill Date : 26/08/2024
 DOA : 18/8/2024 4:26PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 8,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 9,050.00
6	GENERAL PROCEEDURE	₹ 300.00
7	IMPLANT	₹ 32,750.00
8	INJECTION CHARGES	₹ 350.00
9	LABORATORY	₹ 4,523.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OPERATION THEATRE CHARGES	₹ 44,350.00
13	PHYSIOTHERAPY	₹ 2,000.00
14	PROFESSIONAL TEAM FEES	₹ 76,000.00
15	RADIOLOGY	₹ 700.00
		₹ 185,673.00
		₹ 8,673.00
		₹ 177,000.00
		₹ 177,000.00
		₹ 0.00

Received Amount in Words : One Lakh Seventy-Seven Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/26/2024	MMH/MK/RECH202402702	UPI	Advance Amount	32,000.00
2	8/23/2024	MMH/MK/RECH202402665	CARD	Advance Amount	20,000.00
3	8/18/2024	MMH/MK/RECH202402629	CASH	Advance Amount	5,000.00
4	8/20/2024	MMH/MK/RECH202402640	CASH	Advance Amount	25,000.00
5	8/25/2024	MMH/MK/RECH202402688	CASH	Advance Amount	95,000.00