

IN PATIENT SUMMARY BILL

UHID : MKB202404498

IP No : IPKB2024001072

Patient name : Mrs.VALARMATHILS

Age : 45 Y 0 M 15 D/Female

Consultant Name : Dr.VIGNESHWARAN

Bill No : MMH/MK/IP202401071

Bill Date : 26/08/2024

DOA : 19/8/2024 1:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 14,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 6,300.00
5	GENERAL PROCEEDURE	₹ 200.00
6	INJECTION CHARGES	₹ 2,890.00
7	LABORATORY	₹ 6,760.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,150.00
10	OPERATION THEATRE CHARGES	₹ 14,950.00
11	PHYSIOTHERAPY	₹ 1,600.00
12	PROFESSIONAL TEAM FEES	₹ 65,500.00
Gross Amount		₹ 118,500.00
Discount Amount		₹ 3,500.00
Net Payable		₹ 115,000.00
Advance Amount		₹ 85,000.00
Received Amount		₹ 30,000.00

Received Amount in Words : One Lakh Fifteen Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/22/2024	MMH/MK/RECH202402660	CARD	Advance Amount	15,000.00
2	8/26/2024	MMH/MK/REDH202407548	CARD	Collected Amount	30,000.00
3	8/19/2024	MMH/MK/RECH202402636	CASH	Advance Amount	20,000.00
4	8/20/2024	MMH/MK/RECH202402644	CASH	Advance Amount	20,000.00
5	8/21/2024	MMH/MK/RECH202402654	CASH	Advance Amount	30,000.00