

IN PATIENT SUMMARY BILL

UHID : MKB202404769

IP No : IPKB2024001103

Patient name : Mr.SARAVANAN

Age : 35 Y 0 M 2 D/Male

Bill No : MMH/MK/IP202401086

Bill Date : 30/08/2024

DOA : 28/8/2024 7:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.J.ALEX MOSES

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	EQUIPMENT	₹ 350.00
5	GENERAL PROCEEDURE	₹ 160.00
6	IMPLANT	₹ 2,000.00
7	LABORATORY	₹ 4,672.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 900.00
10	OPERATION THEATRE CHARGES	₹ 7,750.00
11	PROFESSIONAL TEAM FEES	₹ 25,000.00
12	RADIOLOGY	₹ 1,460.00
Gross Amount		₹ 47,442.00
Discount Amount		₹ 3,042.00
Net Payable		₹ 44,400.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 39,400.00

Received Amount in Words : Forty-Four Thousand Four Hundred Only

KRISHNAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/28/2024	MMH/MK/RECH202402725	CASH	Advance Amount	5,000.00
2	8/30/2024	MMH/MK/REDH202407653	CASH	Collected Amount	39,400.00