IN PATIENT SUMMARY BILL

UHID	:	MKB202404728	Bill No	:	MMH/MK/IP202401104
IP No	:	IPKB2024001090	Bill Date	:	04/09/2024
Patient name	:	Mrs.BHUVANA.U	DOA	:	27/8/2024 1:30AM
Age	:	21 Y 0 M 8 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	22,950.00
4	DIALYSIS / DIALYZER	₹	30,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,600.00
6	EQUIPMENT	₹	4,000.00
7	GENERAL PROCEEDURE	₹	5,400.00
8	INTENSIVIST CHARGES	₹	15,000.00
9	LABORATORY	₹	21,572.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	4,550.00
12	OTHERS	₹	2,000.00
13	PROFESSIONAL TEAM FEES	₹	34,000.00
14	RADIOLOGY	₹	10,930.00

Gross Amount	₹	**155,852.00**
Discount Amount	₹	**5,352.00**
Net Payable	₹	**150,500.00**
Advance Amount	₹	**117,500.00**
Received Amount	₹	**33,000.00**

Received Amount in Words : One Lakh Fifty Thousand Five Hundred Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/27/2024	MMH/MK/RECH202402708	CASH	Advance Amount	12,000.00
2	8/28/2024	MMH/MK/RECH202402719	CASH	Advance Amount	25,000.00
3	8/28/2024	MMH/MK/RECH202402723	CASH	Advance Amount	14,000.00
4	8/29/2024	MMH/MK/RECH202402730	CASH	Advance Amount	23,000.00
5	8/30/2024	MMH/MK/RECH202402755	CASH	Advance Amount	28,500.00
6	9/2/2024	MMH/MK/RECH202402793	CASH	Advance Amount	5,000.00
7	9/3/2024	MMH/MK/RECH202402809	CASH	Advance Amount	10,000.00
8	9/4/2024	MMH/MK/REDH202407815	CASH	Collected Amount	33,000.00