

IN PATIENT SUMMARY BILL

UHID : MKB202404767

IP No : IPKB2024001102

Patient name : Mrs.OYIAMMAL

Age : 56 Y 0 M 8 D/Female

Bill No : MMH/MK/IP202401110

Bill Date : 05/09/2024

DOA : 28/8/2024 5:30PM

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	₹ 8,000.00
3	BLOOD COMPONENTS	₹ 2,750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 350.00
6	GENERAL PROCEEDURE	₹ 500.00
7	IMPLANT	₹ 9,650.00
8	LABORATORY	₹ 4,673.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,600.00
11	OPERATION THEATRE CHARGES	₹ 11,450.00
12	OTHERS	₹ 2,000.00
13	PHYSIOTHERAPY	₹ 2,800.00
14	PROFESSIONAL TEAM FEES	₹ 30,500.00
15	RADIOLOGY	₹ 2,900.00
Gross Amount		₹ 82,723.00
Discount Amount		₹ 5,000.00
Net Payable		₹ 77,723.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 27,723.00

Received Amount in Words : Seventy-Seven Thousand Seven Hundred Twenty-Three Only

MANIMEGALAI.T  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MK/RECH202402742	UPI	Advance Amount	10,000.00
2	8/31/2024	MMH/MK/RECH202402756	UPI	Advance Amount	10,000.00
3	9/1/2024	MMH/MK/RECH202402782	UPI	Advance Amount	20,000.00
4	9/3/2024	MMH/MK/RECH202402801	UPI	Advance Amount	10,000.00
5	9/5/2024	MMH/MK/REDH202407850	UPI	Collected Amount	27,723.00