IN PATIENT SUMMARY BILL

UHID	:	MKB202404830	Bill No	:	MMH/MK/IP202401118
IP No	:	IPKB2024001121	Bill Date	:	06/09/2024
Patient name	:	Mr.JOHN.A	DOA	:	1/9/2024 7:00PM
Age	:	27 Y 0 M 5 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.KARTHIK RAJ			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	16,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹	2,000.00
5	EQUIPMENT	₹	21,128.00
6	GENERAL PROCEEDURE	₹	200.00
7	IMPLANT	₹	29,722.00
8	INJECTION CHARGES	₹	350.00
9	INTENSIVIST CHARGES	₹	9,000.00
10	LABORATORY	₹	4,384.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	2,550.00
13	OPERATION THEATRE CHARGES	₹	9,500.00
14	OTHERS	₹	2,000.00
15	PROFESSIONAL TEAM FEES	₹	127,500.00
16	RADIOLOGY	₹	8,420.00

Gross Amount	₹	**234,904.00**
Discount Amount	₹	**9,904.00**
Net Payable	₹	**225,000.00**
Advance Amount	₹	**225,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Twenty-Five Thousand Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/3/2024	MMH/MK/RECH202402813	CARD	Advance Amount	20,000.00
2	9/4/2024	MMH/MK/RECH202402820	CARD	Advance Amount	20,000.00
3	9/6/2024	MMH/MK/RECH202402846	CARD	Advance Amount	30,000.00
4	9/6/2024	MMH/MK/RECH202402847	CARD	Advance Amount	5,000.00
5	9/2/2024	MMH/MK/RECH202402796	CASH	Advance Amount	80,000.00
6	9/6/2024	MMH/MK/RECH202402843	CASH	Advance Amount	50,000.00
7	9/6/2024	MMH/MK/RECH202402845	CASH	Advance Amount	20,000.00

S.No	Description	Amount