

### IN PATIENT SUMMARY BILL

UHID : MKB202404898  
IP No : IPKB2024001141  
Patient name : Master.GURUSARAN.V  
Age : 9 Y 0 M 1 D/Male  
Bill No : MMH/MK/IP202401119  
Bill Date : 07/09/2024  
DOA : 6/9/2024 9:30AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.VIGNESHWARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 2,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 600.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 1,500.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 450.00
9	OPERATION THEATRE CHARGES	₹ 7,350.00
10	PROFESSIONAL TEAM FEES	₹ 22,000.00

Gross Amount : ₹ 35,000.00  
Discount Amount : ₹ 2,000.00  
Net Payable : ₹ 33,000.00  
Advance Amount : ₹ 20,000.00  
Received Amount : ₹ 13,000.00

Received Amount in Words : Thirty-Three Thousand Only

KRISHNAN  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MK/RECH202402839	CARD	Advance Amount	10,000.00
2	9/7/2024	MMH/MK/REDH202407889	CARD	Collected Amount	13,000.00
3	9/6/2024	MMH/MK/RECH202402840	CASH	Advance Amount	10,000.00