IN PATIENT SUMMARY BILL

UHID	:	MKB202404793	Bill No	:	MMH/MK/IP202401122
IP No	:	IPKB2024001112	Bill Date	:	07/09/2024
Patient name	:	Mr.LAKSHMANAN.M	DOA	:	30/8/2024 11:00AM
Age	:	38 Y 0 M 8 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.J.ALEX MOSES			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	8,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	EQUIPMENT	₹	17,350.00
6	GENERAL PROCEEDURE	₹	150.00
7	IMPLANT	₹	3,500.00
8	LABORATORY	₹	2,220.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	3,600.00
11	OPERATION THEATRE CHARGES	₹	26,650.00
12	OTHERS	₹	2,500.00
13	PHYSIOTHERAPY	₹	1,600.00
14	PROFESSIONAL TEAM FEES	₹	118,000.00
15	RADIOLOGY	₹	6,850.00
	Gross Amount	₹	**195,470.00**
	Discount Amount	₹	**7,500.00**
	Net Payable	₹	**187,970.00**
	Advance Amount	₹	**180,000.00**
	Received Amount	₹	**7,970.00**

Received Amount in Words : One Lakh Eighty-Seven Thousand Nine Hundred Seventy Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/1/2024	MMH/MK/RECH202402778	UPI	Advance Amount	20,000.00
2	9/2/2024	MMH/MK/RECH202402798	UPI	Advance Amount	2,000.00
3	9/4/2024	MMH/MK/RECH202402818	UPI	Advance Amount	30,000.00
4	9/7/2024	MMH/MK/RECH202402855	UPI	Advance Amount	70,000.00
5	8/30/2024	MMH/MK/RECH202402754	CASH	Advance Amount	25,000.00
6	9/2/2024	MMH/MK/RECH202402797	CASH	Advance Amount	23,000.00
7	9/7/2024	MMH/MK/RECH202402856	CASH	Advance Amount	10,000.00
8	9/7/2024	MMH/MK/REDH202407911	CASH	Collected Amount	7,970.00

S.No	Description	Amount