IN PATIENT SUMMARY BILL

UHID	:	MKB202404916	Bill No	:	MMH/MK/IP202401138
IP No	:	IPKB2024001144	Bill Date	:	11/09/2024
Patient name	:	Mr.ARAVINDH.A	DOA	:	7/9/2024 2:30PM
Age	:	27 Y 0 M 4 D/Male	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	₹	3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	1,200.00
4	EQUIPMENT	₹	350.00
5	GENERAL PROCEEDURE	₹	150.00
6	IMPLANT	₹	16,950.00
7	INJECTION CHARGES	₹	350.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	1,350.00
10	OPERATION THEATRE CHARGES	₹	22,600.00
11	PHYSIOTHERAPY	₹	1,200.00
12	PROFESSIONAL TEAM FEES	₹	56,000.00
13	RADIOLOGY	₹	350.00

Gross Amount	₹	**103,850.00**
Discount Amount	₹	**3,850.00**
Net Payable	₹	**100,000.00**
Advance Amount	₹	**100,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Zero Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/7/2024	MMH/MK/RECH202402854	CASH	Advance Amount	16,000.00
2	9/11/2024	MMH/MK/RECH202402910	CASH	Advance Amount	50,000.00
3	9/11/2024	MMH/MK/RECH202402911	CASH	Advance Amount	4,000.00
4	9/11/2024	MMH/MK/RECH202402912	CASH	Advance Amount	15,000.00
5	9/11/2024	MMH/MK/RECH202402913	CASH	Advance Amount	15,000.00