IN PATIENT SUMMARY BILL

UHID	:	MKB202404930	Bill No	:	MMH/MK/IP202401168
IP No	:	IPKB2024001148	Bill Date	:	16/09/2024
Patient name	:	Mr.MUNIYA SAMY.N	DOA	:	8/9/2024 1:00AM
Age	:	55 Y 0 M 8 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.B.VINOTHKUMAR			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	29,850.00
4	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
5	EQUIPMENT	₹	81,600.00
6	IMPLANT	₹	17,946.00
7	INJECTION CHARGES	₹	700.00
8	INTENSIVIST CHARGES	₹	18,000.00
9	LABORATORY	₹	7,844.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	5,100.00
12	OPERATION THEATRE CHARGES	₹	31,200.00
13	OTHERS	₹	2,000.00
14	PROCEDURE CHARGES	₹	650.00
15	PROFESSIONAL TEAM FEES	₹	254,000.00
16	RADIOLOGY	₹	12,260.00

Gross Amount	₹	**467,000.00**
Discount Amount	₹	**10,000.00**
Net Payable	₹	**457,000.00**
Advance Amount	₹	**457,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Fifty-Seven Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/9/2024	MMH/MK/RECH202402872	CARD	Advance Amount	20,000.00
2	9/8/2024	MMH/MK/RECH202402862	CASH	Advance Amount	12,000.00
3	9/9/2024	MMH/MK/RECH202402871	CASH	Advance Amount	20,000.00
4	9/9/2024	MMH/MK/RECH202402880	CASH	Advance Amount	30,000.00
5	9/9/2024	MMH/MK/RECH202402881	CASH	Advance Amount	30,000.00
6	9/11/2024	MMH/MK/RECH202402915	CASH	Advance Amount	30,000.00
7	9/13/2024	MMH/MK/RECH202402935	CASH	Advance Amount	80,000.00
8	9/16/2024	MMH/MK/RECH202402977	CASH	Advance Amount	235,000.00

S.No	Description	Amount