

IN PATIENT SUMMARY BILL

UHID : MKB202405037

IP No : IPKB2024001178

Patient name : Mr.SUGENDHRA BABU . S

Age : 74 Y 0 M 8 D/Male

Bill No : MMH/MK/IP202401185

Bill Date : 21/09/2024

DOA : 13/9/2024 3:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.KARTHIK RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 23,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
4	EQUIPMENT	₹ 26,250.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 15,000.00
7	LABORATORY	₹ 8,248.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 4,100.00
10	OTHERS	₹ 2,000.00
11	PROCEDURE CHARGES	₹ 200.00
12	PROFESSIONAL TEAM FEES	₹ 17,750.00
13	RADIOLOGY	₹ 15,540.00
Gross Amount		₹ 116,488.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 113,488.00
Advance Amount		₹ 103,500.00
Received Amount		₹ 9,988.00

Received Amount in Words : One Lakh Thirteen Thousand Four Hundred Eighty-Eight Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/21/2024	MMH/MK/REDH202408348	CARD	Collected Amount	9,988.00
2	9/14/2024	MMH/MK/RECH202402942	CARD	Advance Amount	21,000.00
3	9/15/2024	MMH/MK/RECH202402965	CARD	Advance Amount	28,500.00
4	9/16/2024	MMH/MK/RECH202402969	CARD	Advance Amount	19,000.00
5	9/17/2024	MMH/MK/RECH202402983	CARD	Advance Amount	17,500.00
6	9/18/2024	MMH/MK/RECH202403001	CARD	Advance Amount	11,000.00
7	9/19/2024	MMH/MK/RECH202403012	CARD	Advance Amount	3,500.00
8	9/20/2024	MMH/MK/RECH202403027	CARD	Advance Amount	3,000.00