

### IN PATIENT SUMMARY BILL

UHID : MKB202404994 Bill No : MMH/MK/IP202401191  
IP No : IPKB2024001163 Bill Date : 21/09/2024  
Patient name : Mr.MARIYAPPAN.R DOA : 10/9/2024 9:00PM  
Age : 23 Y 0 M 11 D/Male DOD :  
Entity Type : CASH  
Entity Name : CASH  
Consultant Name : Dr.M.BALAPRAKASH

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 150.00    |
| 2    | BED CHARGES                 | ₹ 22,000.00 |
| 3    | CASUALTY                    | ₹ 750.00    |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 4,000.00  |
| 5    | LABORATORY                  | ₹ 4,680.00  |
| 6    | MEDICAL RECORD CHARGE       | ₹ 200.00    |
| 7    | NURSING CHARGE              | ₹ 4,500.00  |
| 8    | OTHERS                      | ₹ 2,000.00  |
| 9    | PHYSIOTHERAPY               | ₹ 1,200.00  |
| 10   | PROFESSIONAL TEAM FEES      | ₹ 11,500.00 |
|      | <b>Gross Amount</b>         | ₹ 50,980.00 |
|      | <b>Discount Amount</b>      | ₹ 4,280.00  |
|      | <b>Net Payable</b>          | ₹ 46,700.00 |
|      | <b>Advance Amount</b>       | ₹ 46,700.00 |
|      | <b>Received Amount</b>      | ₹ 0.00      |

Received Amount in Words : Forty-Six Thousand Seven Hundred Only

KRISHNAN  
Authorised Signature

#### Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 9/14/2024    | MMH/MK/RECH202402950 | UPI          | Advance Amount | 10,000.00       |
| 2    | 9/20/2024    | MMH/MK/RECH202403029 | UPI          | Advance Amount | 20,000.00       |
| 3    | 9/21/2024    | MMH/MK/RECH202403047 | UPI          | Advance Amount | 2,700.00        |
| 4    | 9/18/2024    | MMH/MK/RECH202402997 | CASH         | Advance Amount | 14,000.00       |