

IN PATIENT SUMMARY BILL

UHID : MKB202404994

IP No : IPKB2024001163

Patient name : Mr.MARIYAPPAN.R

Age : 23 Y 0 M 11 D/Male

Consultant Name : Dr.M.BALAPRAKASH

Bill No : MMH/MK/IP202401191

Bill Date : 21/09/2024

DOA : 10/9/2024 9:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

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
Gross Amount		₹ 50,980.00
Discount Amount		₹ 4,280.00
Net Payable		₹ 46,700.00
Advance Amount		₹ 46,700.00
Received Amount		₹ 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