

IN PATIENT SUMMARY BILL

UHID : MKB202405190

IP No : IPKB2024001223

Patient name : Mr.GANAMOORTHIM

Age : 62 Y 0 M 2 D/Male

Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202401200

Bill Date : 24/09/2024

DOA : 22/9/2024 12:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 150.00
3	BED CHARGES	₹ 5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	LABORATORY	₹ 1,620.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,350.00
8	OTHERS	₹ 500.00
9	PROCEDURE CHARGES	₹ 400.00
10	PROFESSIONAL TEAM FEES	₹ 5,750.00
11	RADIOLOGY	₹ 7,000.00
Gross Amount		₹ 24,670.00
Discount Amount		₹ 3,000.00
Net Payable		₹ 21,670.00
Advance Amount		₹ 21,000.00
Received Amount		₹ 670.00

Received Amount in Words : Twenty-One Thousand Six Hundred Seventy Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/22/2024	MMH/MK/RECH202403057	UPI	Advance Amount	2,500.00
2	9/23/2024	MMH/MK/RECH202403069	UPI	Advance Amount	7,000.00
3	9/24/2024	MMH/MK/RECH202403089	UPI	Advance Amount	6,619.00
4	9/24/2024	MMH/MK/RECH202403091	UPI	Advance Amount	4,881.00
5	9/24/2024	MMH/MK/REDH202408457	UPI	Collected Amount	670.00