

IN PATIENT SUMMARY BILL

UHID : MKB202405203

IP No : IPKB2024001226

Patient name : B/O.UMA.K

Age : 0 Y 0 M 3 D/Male

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202401203

Bill Date : 24/09/2024

DOA : 21/9/2024 12:05AM

DOD : 24/9/2024 6:41PM

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 650.00
2	LABORATORY	₹ 2,610.00
3	MEDICAL RECORD CHARGE	₹ 200.00
4	NURSING CHARGE	₹ 750.00
5	PROCEDURE CHARGES	₹ 1,000.00
6	PROFESSIONAL TEAM FEES	₹ 5,850.00
Gross Amount		₹ 11,060.00
Discount Amount		₹ 1,000.00
Net Payable		₹ 10,060.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 5,060.00

Received Amount in Words : Ten Thousand Sixty Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/23/2024	MMH/MK/RECH202403076	CASH	Advance Amount	5,000.00
2	9/24/2024	MMH/MK/REDH202408461	CASH	Collected Amount	5,060.00