IN PATIENT SUMMARY BILL

UHID	:	MKB202405123	Bill No	:	MMH/MK/IP202401236
IP No	:	IPKB2024001202	Bill Date	:	30/09/2024
Patient name	:	Mrs.LALITHA.R	DOA	:	18/9/2024 12:05AM
Age	:	49 Y 0 M 12 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.M.BALAPRAKASH			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	150.00
2	BED CHARGES	₹	40,750.00
3	BLOOD COMPONENTS	₹	500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	5,200.00
5	EQUIPMENT	₹	52,850.00
6	INJECTION CHARGES	₹	1,050.00
7	INTENSIVIST CHARGES	₹	24,000.00
8	LABORATORY	₹	17,144.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	6,650.00
11	OPERATION THEATRE CHARGES	₹	13,300.00
12	PHYSIOTHERAPY	₹	6,800.00
13	PROCEDURE CHARGES	₹	600.00
14	PROFESSIONAL TEAM FEES	₹	181,250.00
15	RADIOLOGY	₹	21,020.00
	Gross Amount	₹	**371,464.00**
	Discount Amount	₹	**11,964.00**
	Net Payable	₹	**359,500.00**
	Advance Amount	₹	**289,500.00**
	Received Amount	₹	**70,000.00**

Received Amount in Words : Three Lakh Fifty-Nine Thousand Five Hundred Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MK/REDH202408634	CASH	Collected Amount	70,000.00
2	9/18/2024	MMH/MK/RECH202402990	CASH	Advance Amount	14,500.00
3	9/18/2024	MMH/MK/RECH202403003	CASH	Advance Amount	50,000.00
4	9/19/2024	MMH/MK/RECH202403009	CASH	Advance Amount	50,000.00
5	9/20/2024	MMH/MK/RECH202403020	CASH	Advance Amount	25,000.00
6	9/22/2024	MMH/MK/RECH202403060	CASH	Advance Amount	25,000.00
7	9/23/2024	MMH/MK/RECH202403079	CASH	Advance Amount	25,000.00
8	9/25/2024	MMH/MK/RECH202403105	CASH	Advance Amount	50,000.00
9	9/28/2024	MMH/MK/RECH202403135	CASH	Advance Amount	50,000.00

S.No	Description	Amount