

IN PATIENT SUMMARY BILL

UHID : MKB202405398

IP No : IPKB2024001280

Patient name : Child.LAVANYA.V

Age : 8 Y 0 M 4 D/Female

Consultant Name : Dr.G.GOPINATH

Bill No : MMH/MK/IP202401269

Bill Date : 08/10/2024

DOA : 4/10/2024 11:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,150.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 5,200.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 2,320.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,000.00
10	OPERATION THEATRE CHARGES	₹ 5,500.00
11	PROCEDURE CHARGES	₹ 200.00
12	PROFESSIONAL TEAM FEES	₹ 36,250.00
13	RADIOLOGY	₹ 5,000.00
Gross Amount		₹ 74,920.00
Discount Amount		₹ 4,920.00
Net Payable		₹ 70,000.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MK/RECH202403193	UPI	Advance Amount	30,000.00
2	10/8/2024	MMH/MK/RECH202403216	UPI	Advance Amount	20,000.00
3	10/7/2024	MMH/MK/RECH202403205	CARD	Advance Amount	20,000.00