

IN PATIENT SUMMARY BILL

UHID : MKB202405388
IP No : IPKB2024001278
Patient name : Ms.KAVIYA.V
Age : 19 Y 0 M 5 D/Female
Bill No : MMH/MK/IP202401272
Bill Date : 09/10/2024
DOA : 4/10/2024 10:05AM
DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.ANAND (MS)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 10,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
4	INJECTION CHARGES	₹ 920.00
5	LABORATORY	₹ 3,648.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 2,250.00
8	PHYSIOTHERAPY	₹ 2,800.00
9	PROCEDURE CHARGES	₹ 1,100.00
10	PROFESSIONAL TEAM FEES	₹ 16,500.00
	Gross Amount	₹ 39,568.00
	Discount Amount	₹ 2,568.00
	Net Payable	₹ 37,000.00
	Advance Amount	₹ 37,000.00
	Received Amount	₹ 0.00

Received Amount in Words : Thirty-Seven 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/RECH202403196	CASH	Advance Amount	6,000.00
2	10/6/2024	MMH/MK/RECH202403203	CASH	Advance Amount	5,000.00
3	10/7/2024	MMH/MK/RECH202403209	CASH	Advance Amount	4,000.00
4	10/8/2024	MMH/MK/RECH202403214	CASH	Advance Amount	7,000.00
5	10/9/2024	MMH/MK/RECH202403226	CASH	Advance Amount	15,000.00