

IN PATIENT SUMMARY BILL

UHID : MKB202405456 Bill No : MMH/MK/IP202401279
IP No : IPKB2024001297 Bill Date : 11/10/2024
Patient name : Mr.RAJENDRAN.S DOA : 9/10/2024 12:20AM
Age : 65 Y 0 M 2 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.B.VINOTHKUMAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 7,150.00
3	CASUALTY	₹ 750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 5,950.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 16,918.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,550.00
10	OTHERS	₹ 2,000.00
11	PROCEDURE CHARGES	₹ 200.00
12	PROFESSIONAL TEAM FEES	₹ 6,500.00
13	RADIOLOGY	₹ 2,740.00
	Gross Amount	₹ 51,308.00
	Discount Amount	₹ 308.00
	Net Payable	₹ 51,000.00
	Advance Amount	₹ 26,000.00
	Received Amount	₹ 25,000.00

Received Amount in Words : Fifty-One Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MK/RECH202403229	CASH	Advance Amount	26,000.00
2	10/11/2024	MMH/MK/REDH202408905	CASH	Collected Amount	25,000.00