IN PATIENT SUMMARY BILL

UHID	:	MKB202405471	Bill No	:	MMH/MK/IP202401286
IP No	:	IPKB2024001302	Bill Date	:	12/10/2024
Patient name	:	Mr.PUGALANTHI.P	DOA	:	9/10/2024 11:45PM
Age	:	29 Y 0 M 3 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.PALANIAPPAN			

S.No	Description		Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹	1,500.00
2	ADMINISTRATION CHARGES	₹	150.00
3	BED CHARGES	₹	9,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
5	EQUIPMENT	₹	11,850.00
6	INJECTION CHARGES	₹	700.00
7	INTENSIVIST CHARGES	₹	6,000.00
8	LABORATORY	₹	11,268.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	2,000.00
11	PROCEDURE CHARGES	₹	2,900.00
12	PROFESSIONAL TEAM FEES	₹	15,250.00
13	RADIOLOGY	₹	8,590.00
	Gross Amount	₹	**71,708.00**
	Discount Amount	₹	**2,000.00**
	Net Payable	₹	**69,708.00**
	Advance Amount	₹	**54,000.00**
	Received Amount	₹	**15,708.00**

Received Amount in Words : Sixty-Nine Thousand Seven Hundred Eight Only

DHIVYA.P
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/MK/RECH202403233	CASH	Advance Amount	10,000.00
2	10/10/2024	MMH/MK/RECH202403234	CASH	Advance Amount	23,500.00
3	10/11/2024	MMH/MK/RECH202403247	CASH	Advance Amount	20,500.00
4	10/12/2024	MMH/MK/REDH202408936	CASH	Collected Amount	15,708.00