

IN PATIENT SUMMARY BILL

UHID	:	MKB202405424	Bill No	:	MMH/MK/IP202401298
IP No	:	IPKB2024001285	Bill Date	:	15/10/2024
Patient name	:	Mrs.MAHALAKSHMI.S	DOA	:	7/10/2024 2:05AM
Age	:	65 Y 0 M 8 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.B.VINOTHKUMAR			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 22,250.00
3	BLOOD COMPONENTS	₹ 750.00
4	CASUALTY	₹ 750.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 3,200.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 6,790.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,900.00
11	OTHERS	₹ 2,000.00
12	PROCEDURE CHARGES	₹ 3,700.00
13	PROFESSIONAL TEAM FEES	₹ 13,250.00
14	RADIOLOGY	₹ 9,940.00
		Gross Amount ₹ 79,080.00
		Discount Amount ₹ 5,000.00
		Net Payable ₹ 74,080.00
		Advance Amount ₹ 60,000.00
		Received Amount ₹ 14,080.00

Received Amount in Words : Seventy-Four Thousand Eighty Only

DHIVYA,P

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MK/RECH202403213	CASH	Advance Amount	16,000.00
2	10/8/2024	MMH/MK/RECH202403217	CASH	Advance Amount	10,000.00
3	10/11/2024	MMH/MK/RECH202403248	CASH	Advance Amount	20,000.00
4	10/13/2024	MMH/MK/RECH202403265	CASH	Advance Amount	14,000.00
5	10/15/2024	MMH/MK/REDH202408996	CASH	Collected Amount	14,080.00