

IN PATIENT SUMMARY BILL

UHID : MKB202405424

IP No : IPKB2024001285

Patient name : Mrs.MAHALAKSHMIS

Age : 65 Y 0 M 8 D/Female

Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202401298

Bill Date : 15/10/2024

DOA : 7/10/2024 2:05AM

DOD :

Entity Type : CASH

Entity Name : CASH

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