

IN PATIENT SUMMARY BILL

UHID : MKB202405501

IP No : IPKB2024001314

Patient name : Child.PUGAZH.B

Age : 2 Y 0 M 4 D/Male

Consultant Name : Dr.S.MAHESHWARAN

Bill No : MMH/MK/IP202401300

Bill Date : 16/10/2024

DOA : 12/10/2024 7:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 8,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 950.00
5	INJECTION CHARGES	₹ 350.00
6	LABORATORY	₹ 4,780.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,800.00
9	OPERATION THEATRE CHARGES	₹ 9,500.00
10	PROCEDURE CHARGES	₹ 3,000.00
11	PROFESSIONAL TEAM FEES	₹ 17,500.00
Gross Amount		₹ 47,830.00
Discount Amount		₹ 2,000.00
Net Payable		₹ 45,830.00
Advance Amount		₹ 24,000.00
Received Amount		₹ 21,830.00

Received Amount in Words : Forty-Five Thousand Eight Hundred Thirty Only

MANIMEGALAI.T
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/16/2024	MMH/MK/REDH202409024	UPI	Collected Amount	11,830.00
2	10/13/2024	MMH/MK/RECH202403259	CASH	Advance Amount	3,000.00
3	10/14/2024	MMH/MK/RECH202403269	CASH	Advance Amount	6,000.00
4	10/15/2024	MMH/MK/RECH202403285	CASH	Advance Amount	15,000.00
5	10/16/2024	MMH/MK/REDH202409023	CASH	Collected Amount	10,000.00