IN PATIENT DETAILED BILL

Patient Name	: **Mrs.N RAMAKANTHAM**		Patient Id	:	**MHK202300155**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00028
Gender	: Female		IP No	:	IPK00013
Age	: 65 Y 0 M 13 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.SUBBA RAO		DOA	:	24/11/2023 1:33PM
Speciality	: GENERAL PHYSICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	07/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	12/07/2023	BED CHARGES - SINGLE ROOM	13.00 days	₹	3,000.00	₹	39,000.00
CASUALTY							
2	12/05/2023	CONSULTATION	7.00	₹	500.00	₹	3,500.00
3	12/05/2023	CONSULTATION	17.00	₹	500.00	₹	8,500.00
GENERAL PROCEDURE							
4	25/11/2023	CATHETERIZATION CHARGES	1.00	₹	650.00	₹	650.00
LABORATORY							
5	12/07/2023	GLUCOSE (RANDOM)	1.00	₹	180.00	₹	180.00
6	25/11/2023	PROCALCITONIN-PCT	1.00	₹	1,500.00	₹	1,500.00
7	27/11/2023	PLATELET COUNT	1.00	₹	120.00	₹	120.00
8	27/11/2023	TOTAL WBC COUNT	1.00	₹	75.00	₹	75.00
9	27/11/2023	DIFF. WBC COUNT	1.00	₹	75.00	₹	75.00
10	29/11/2023	PUS CULTURE & SENSITIVITY	1.00	₹	900.00	₹	900.00

Gross Amount	₹	**54,500.00**
Net Payable	₹	**54,500.00**
Advance Amount	₹	**54,500.00**
Received Amount	₹	**0.00**

Received Amount In Words : Fifty-Four Thousand Five Hundred Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-24 13:46:57.0200000	MMH/KM/RECAP00023	UPI	Advance Amount	5,000.00
2	2023-11-25 12:20:07.9133333	MMH/KM/RECAP00025	CASH	Advance Amount	1,500.00
3	2023-11-30 17:34:04.2200000	MMH/KM/RECAP00033	CASH	Advance Amount	10,000.00
4	2023-12-05 14:23:19.5533333	MMH/KM/RECAP00053	CASH	Advance Amount	20,000.00
5	2023-12-07 16:46:01.4166667	MMH/KM/RECAP00059	UPI	Advance Amount	18,000.00