

IN PATIENT SUMMARY BILL

UHID : MHK202300211
IP No : IPK00035
Patient name : Mrs.CHINTHA VIJAYA
Age : 48 Y 0 M 19 D/Female

Bill No : MMH/KM/IPK00035
Bill Date : 17/12/2023
DOA : 15/12/2023 2:01PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.N.SURYA PRASAD

S.No	Description	Amount
1	BED CHARGES	₹ 6,000.00
2	CASUALTY	₹ 2,000.00
3	OPERATION THEATRE CHARGES	₹ 10,000.00
4	PROFESSIONAL FEES	₹ 22,000.00

Gross Amount ₹ **40,000.00**
Net Payable ₹ **40,000.00**
Advance Amount ₹ **40,000.00**
Received Amount ₹ **0.00**

Received Amount in Words : Forty Thousand Only

POLINATI NAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					