

IN PATIENT SUMMARY BILL

UHID : MHK202300218
IP No : IPK00016
Patient name : Mrs.GUNNAM ANUSHA
Age : 37 Y 0 M 6 D/Female

Bill No : MMH/KM/IPK00017
Bill Date : 04/12/2023
DOA : 28/11/2023 5:38PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.HIMA BINDU

S.No	Description	Amount
1	BED CHARGES	₹ 48,000.00
2	CASUALTY	₹ 6,000.00
3	GENERAL PROCEDURE	₹ 1,000.00
4	LABORATORY	₹ 700.00
5	OPERATION THEATRE CHARGES	₹ 8,000.00
6	PROFESSIONAL FEES	₹ 27,000.00
Gross Amount		₹ 90,700.00
Net Payable		₹ 90,700.00
Advance Amount		₹ 90,700.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety Thousand Seven Hundred Only

TRIPURARI MALLIKARJUN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 17:44:47.860	MMH/KM/RECAP00029	CARD	Advance Amount	50,000.00
2	2023-12-04 10:10:07.800	MMH/KM/RECAP00044	CARD	Advance Amount	40,700.00