

IN PATIENT DETAILED BILL

Patient Name : **B/O.LAKSHMI SAMHITHA** Patient Id : **MHK202300224**
Patient Type : IP Bill No : MMH/KM/IPK00015
Gender : Female IP No : IPK00017
Age : 0 Y 0 M 12 D Ward/Bed : NICU / NICU - C
Doctor Name : Dr.RAVI ANGARA DOA : 29/11/2023 12:36PM
Speciality : PAEDIATRICIAN DOD :
Entity Type : CASH Bill Date : 02/12/2023
Payer : CASH

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
CASUALTY					
1	12/02/2023	CONSULTATION	3.00	₹ 1,000.00	₹ 3,000.00
EQUIPMENT					
2	12/02/2023	PHOTOTHERAPY	1.00	₹ 6,000.00	₹ 6,000.00
3	12/02/2023	PHOTOTHERAPY (DOUBLE)	2.00	₹ 8,000.00	₹ 16,000.00
LABORATORY					
4	12/01/2023	BILIRUBIN - TOTAL	1.00	₹ 200.00	₹ 200.00
5	12/01/2023	CBC	1.00	₹ 350.00	₹ 350.00
6	12/01/2023	C.R.P. (C-Reactive Protein)	1.00	₹ 300.00	₹ 300.00

Gross Amount ₹ **25,850.00**
Net Payable ₹ **25,850.00**
Advance Amount ₹ **25,850.00**
Received Amount ₹ **0.00**

Received Amount In Words : Twenty-Five Thousand Eight Hundred Fifty Only

TRIPURARI
MALLIKARJUN
Authorized Signataure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 10:05:36.9800000	MMH/KM/RECAP00038	CARD	Advance Amount	20,000.00
2	2023-12-02 10:10:30.4533333	MMH/KM/RECAP00039	CARD	Advance Amount	5,850.00