IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.MALLADI DURGA**	Patient Id	:	**MHK202300238**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK00022
Gender	:	Female	IP No	:	IPK00019
Age	:	28 Y 0 M 6 D	Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	:	Dr.HIMA BINDU	DOA	:	29/11/2023 7:54PM
Speciality	:	OBSTETRICIAN AND GYNECC	DOD	:	
Entity Type	:	CASH	Bill Date	:	05/12/2023
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	12/05/2023	BED CHARGES - SINGLE ROOM	5.00 days	₹	3,000.00	₹	15,000.00
BLOOD COMPONENTS							
2	12/05/2023	BLOOD TRANSFUSION	1.00	₹	2,500.00	₹	2,500.00
CASUALTY							
3	12/05/2023	CONSULTATION	6.00	₹	1,000.00	₹	6,000.00
4	12/05/2023	CONSULTATION	1.00	₹	3,000.00	₹	3,000.00
EQUIPMENT							
5	12/05/2023	MONITOR CHARGE ½ DAY	1.00	₹	500.00	₹	500.00
OPERATION THEATRE CHARGES							
6	12/05/2023	OT CHARGES	2.00	₹	6,000.00	₹	12,000.00
PROFESSIONAL FEES							
7	12/05/2023	ANESTHETIST CHARGES	1.00	₹	6,000.00	₹	6,000.00
8	12/05/2023	SURGEON CHARGES	1.00	₹	18,000.00	₹	18,000.00

Gross Amount	₹	**63,000.00**
Net Payable	₹	**63,000.00**
Advance Amount	₹	**63,000.00**
Received Amount	₹	**0.00**

Received Amount In Words : Sixty-Three Thousand Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 19:56:51.0400000	MMH/KM/RECAP00031	CARD	Advance Amount	20,000.00
2	2023-11-30 19:06:58.1300000	MMH/KM/RECAP00035	CASH	Advance Amount	3,000.00
3	2023-12-04 19:05:41.6100000	MMH/KM/RECAP00050	CASH	Advance Amount	40,000.00