IN PATIENT DETAILED BILL

Patient Name	: **Mrs.CHEKKA LATHA**		Patient Id	:	**MHK202300257**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00027
Gender	: Female		IP No	:	IPK00020
Age	: 46 Y 0 M 7 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.SAMANTH KUMAR		DOA	:	30/11/2023 6:25PM
Speciality	: GENERAL SURGEON		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	6.50 days	₹	3,000.00	₹	19,500.00
BLOOD COMPONENTS							
2	12/07/2023	BLOOD TRANSFUSION	1.00	₹	1,500.00	₹	1,500.00
LABORATORY							
3	12/01/2023	HPE - 1	1.00	₹	800.00	₹	800.00
4	12/01/2023	CELL COUNT (PERITONEAL FLUID)	1.00	₹	400.00	₹	400.00
OPERATION THEATRE CHARGES							
5	12/01/2023	OT CHARGES	1.00	₹	2,000.00	₹	2,000.00
PROFESSIONAL FEES							
6	12/01/2023	ANESTHETIST CHARGES	1.00	₹	2,000.00	₹	2,000.00
7	12/01/2023	SURGEON CHARGES	1.00	₹	15,000.00	₹	15,000.00

Gross Amount	₹	**41,200.00**
Net Payable	₹	**41,200.00**
Advance Amount	₹	**41,200.00**
Received Amount	₹	**0.00**

Received Amount In Words : Forty-One Thousand Two Hundred Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 18:27:09.9166667	MMH/KM/RECAP00034	UPI	Advance Amount	20,000.00
2	2023-12-01 18:21:27.4233333	MMH/KM/RECAP00037	CARD	Advance Amount	21,200.00