IN PATIENT DETAILED BILL

Patient Name	:	**B/O.GUNNAM ANUSHA**	Patient Id	:	**MHK202300286**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK00018
Gender	:	Female	IP No	:	IPK00023
Age	:	0 Y 0 M 5 D	Ward/Bed	:	NICU / NICU - B
Doctor Name	:	Dr.RAVI ANGARA	DOA	:	02/12/2023 12:40PM
Speciality	:	PAEDIATRICIAN	DOD	:	
Entity Type	:	CASH	Bill Date	:	04/12/2023
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
CASUALTY							
1	12/04/2023	CONSULTATION	2.00	₹	2,000.00	₹	4,000.00
EQUIPMENT							
2	12/04/2023	PHOTOTHERAPY (DOUBLE)	2.00	₹	8,000.00	₹	16,000.00
LABORATORY							
3	12/03/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
4	12/04/2023	THYROID PROFILE (TOTAL)	1.00	₹	500.00	₹	500.00
5	12/04/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
6	12/04/2023	BLOOD GROUP and RH TYPE	1.00	₹	60.00	₹	60.00

Gross Amount	₹	**20,960.00**
Net Payable	₹	**20,960.00**
Advance Amount	₹	**20,960.00**
Received Amount	₹	**0.00**

Received Amount In Words : Twenty Thousand Nine Hundred Sixty Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-04 10:11:18.4600000	MMH/KM/RECAP00045	CARD	Advance Amount	20,960.00