IN PATIENT DETAILED BILL

Patient Name	: **Mr.NAKARUPU.ESRIYALU**		Patient Id	:	**MHK202300290**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00029
Gender	: Male		IP No	:	IPK00024
Age	: 18 Y 0 M 6 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.N.SURYA PRASAD		DOA	:	02/12/2023 1:02PM
Speciality	: ORTHOPEDICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	08/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	12/08/2023	BED CHARGES - SINGLE ROOM	6.00 days	₹	3,000.00	₹	18,000.00
BLOOD COMPONENTS							
2	12/05/2023	BLOOD TRANSFUSION	2.00	₹	1,500.00	₹	3,000.00
CASUALTY							
3	12/08/2023	CONSULTATION	8.00	₹	500.00	₹	4,000.00
OPERATION THEATRE CHARGES							
4	12/05/2023	OT CHARGES	1.00	₹	6,000.00	₹	6,000.00
PROFESSIONAL FEES							
5	12/05/2023	ANESTHETIST CHARGES	1.00	₹	4,000.00	₹	4,000.00
6	12/05/2023	SURGEON CHARGES	1.00	₹	10,000.00	₹	10,000.00

Gross Amount	₹	**45,000.00**
Net Payable	₹	**45,000.00**
Advance Amount	₹	**45,000.00**
Received Amount	₹	**0.00**

Received Amount In Words : Forty-Five Thousand Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 13:48:13.9066667	MMH/KM/RECAP00040	CASH	Advance Amount	45,000.00