IN PATIENT DETAILED BILL

Patient Name	: **B/O. PUTREVU GAYATRI**		Patient Id	:	**MHK202300292**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00021
Gender	: Male		IP No	:	IPK00025
Age	: 0 Y 0 M 11 D		Ward/Bed	:	NICU / NICU - C
Doctor Name	: Dr.RAVI ANGARA		DOA	:	02/12/2023 7:03PM
Speciality	: PAEDIATRICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	05/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
CASUALTY							
1	12/05/2023	CONSULTATION	2.00	₹	2,000.00	₹	4,000.00
EQUIPMENT							
2	12/05/2023	PHOTOTHERAPY (DOUBLE)	2.00	₹	8,000.00	₹	16,000.00
LABORATORY							
3	12/04/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
4	12/03/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00

Gross Amount	₹	**20,400.00**
Net Payable	₹	**20,400.00**
Advance Amount	₹	**20,400.00**
Received Amount	₹	**0.00**

Received Amount In Words : Twenty Thousand Four Hundred Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 19:06:09.8866667	MMH/KM/RECAP00042	CARD	Advance Amount	10,000.00
2	2023-12-04 19:11:52.1733333	MMH/KM/RECAP00052	CARD	Advance Amount	10,400.00