IN PATIENT DETAILED BILL

Patient Name	:	**B/O.MANGA DEVI PRIYANKA**	Patient Id	:	**MHK202300294**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK00020
Gender	:	Female	IP No	:	IPK00026
Age	:	0 Y 0 M 1 D	Ward/Bed	:	NICU / NICU - D
Doctor Name	:	Dr.RAVI ANGARA	DOA	:	03/12/2023 10:56AM
Speciality	:	PAEDIATRICIAN	DOD	:	
Entity Type	:	CASH	Bill Date	:	04/12/2023
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	12/04/2023	BED CHARGES - NICU	1.00 days	₹	10,000.00	₹	10,000.00
CASUALTY							
2	12/04/2023	CONSULTATION	1.00	₹	2,000.00	₹	2,000.00
EQUIPMENT							
3	12/04/2023	OXYGEN CHARGE 1 DAY	1.00	₹	3,600.00	₹	3,600.00

Gross Amount	₹	**15,600.00**
Net Payable	₹	**15,600.00**
Advance Amount	₹	**15,600.00**
Received Amount	₹	**0.00**

Received Amount In Words : Fifteen Thousand Six Hundred Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-04 14:22:31.5466667	MMH/KM/RECAP00047	CARD	Advance Amount	15,600.00