IN PATIENT DETAILED BILL

Patient Name	: **B/O.SREEDHARALA THALLI**		Patient Id	:	**MHK202300305**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00033
Gender	: Male		IP No	:	IPK00028
Age	: 0 Y 0 M 11 D		Ward/Bed	:	TWIN SHARING AC / 203 - A
Doctor Name	: Dr.RAVI ANGARA		DOA	:	04/12/2023 11:03AM
Speciality	: PAEDIATRICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	15/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	15/12/2023	TWIN SHARING A/C	2.00 days	₹	2,500.00	₹	5,000.00
2	15/12/2023	BED CHARGES - NICU	9.00 days	₹	10,000.00	₹	90,000.00
CASUALTY							
3	12/11/2023	CONSULTATION	11.00	₹	2,000.00	₹	22,000.00
EQUIPMENT							
4	12/11/2023	PHOTOTHERAPY (DOUBLE)	4.00	₹	6,000.00	₹	24,000.00
5	15/12/2023	SYRINGE PUMP CHARGE ½ DAY	1.00	₹	540.00	₹	540.00
6	12/11/2023	OXYGEN CHARGE 1 DAY	6.00	₹	3,600.00	₹	21,600.00
LABORATORY							
7	12/06/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
8	12/06/2023	ELECTROLYTES	1.00	₹	500.00	₹	500.00
9	12/08/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
10	12/04/2023	CALCIUM	1.00	₹	200.00	₹	200.00
11	12/10/2023	ELECTROLYTES	1.00	₹	500.00	₹	500.00
12	12/10/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
13	12/10/2023	CBC	1.00	₹	350.00	₹	350.00
14	12/04/2023	CBC	1.00	₹	350.00	₹	350.00
15	12/06/2023	CBC	1.00	₹	350.00	₹	350.00
16	12/04/2023	BLOOD GROUP and RH TYPE	1.00	₹	60.00	₹	60.00
17	12/08/2023	CBC	1.00	₹	350.00	₹	350.00
18	12/12/2023	CBC	1.00	₹	350.00	₹	350.00
19	15/12/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00
20	12/10/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00
21	12/04/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00
22	12/06/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00
23	12/08/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00
PROCEDURE							
24	12/04/2023	UMBLICAL	1.00	₹	5,000.00	₹	5,000.00
RADIOLOGY							
25	15/12/2023	Chest X-Ray	1.00	₹	550.00	₹	550.00
			Gross Amount			₹	**173,800.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
			Net Payable	₹	**173,800.00**
			Advance Amount	₹	**173,800.00**
			Received Amount	₹	**0.00**

Received Amount In Words : One Lakh Seventy-Three Thousand Eight Hundred Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					