IN PATIENT DETAILED BILL

Patient Name	:	**B/O.JUVVALA SUDHA**	Patient Id	:	**MHK202300309**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK00024
Gender	:	Male	IP No	:	IPK00031
Age	:	0 Y 0 M 6 D	Ward/Bed	:	NICU / NICU - B
Doctor Name	:	Dr.RAVI ANGARA	DOA	:	04/12/2023 4:16PM
Speciality	:	PAEDIATRICIAN	DOD	:	
Entity Type	:	CASH	Bill Date	:	06/12/2023
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
CASUALTY							
1	12/06/2023	CONSULTATION	2.00	₹	1,000.00	₹	2,000.00
EQUIPMENT							
2	12/06/2023	PHOTOTHERAPY (DOUBLE)	2.00	₹	8,000.00	₹	16,000.00
LABORATORY							
3	12/06/2023	BILIRUBIN - TOTAL	1.00	₹	200.00	₹	200.00
4	12/06/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00

Gross Amount	₹	**18,500.00**
Net Payable	₹	**18,500.00**
Advance Amount	₹	**18,500.00**
Received Amount	₹	**0.00**

Received Amount In Words : Eighteen Thousand Five Hundred Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-04 16:32:36.4166667	MMH/KM/RECAP00048	UPI	Advance Amount	10,000.00
2	2023-12-06 09:13:15.9266667	MMH/KM/RECAP00056	UPI	Advance Amount	500.00
3	2023-12-06 11:30:45.0300000	MMH/KM/RECAP00057	UPI	Advance Amount	8,000.00