## IN PATIENT DETAILED BILL

| | | | | | |
|---|---|---|---|---|---|
| Patient Name | : **Mrs.I.V.RATHNAM** | | Patient Id | : | **MHK202300453** |
| Patient Type | : IP | | Bill No | : | MMH/KM/IPK00042 |
| Gender | : Female | | IP No | : | IPK00040 |
| Age | : 73 Y 0 M 10 D | | Ward/Bed | : | SINGLE ROOM AC / 104 |
| Doctor Name | : Dr.N.SURYA PRASAD | | DOA | : | 19/12/2023 6:32PM |
| Speciality | : ORTHOPEDICIAN | | DOD | : | |
| Entity Type | : CASH | | Bill Date | : | 25/12/2023 |
| Payer | : CASH | | | | |

| S.No | Date & Time | Particulars | QTY | | Unit Rate | | Amount |
|---|---|---|---|---|---|---|---|
| **BED CHARGES** | | | | | | | |
| 1 | 19/12/2023 | ROOM RENT | 6.00 | ₹ | 3,000.00 | ₹ | 18,000.00 |
| **CASUALTY** | | | | | | | |
| 2 | 25/12/2023 | CONSULTATION | 6.00 | ₹ | 1,000.00 | ₹ | 6,000.00 |
| **DOCTOR FEES** | | | | | | | |
| 3 | 20/12/2023 | anesthetist | 1.00 | ₹ | 6,000.00 | ₹ | 6,000.00 |
| **OPERATION THEATRE CHARGES** | | | | | | | |
| 4 | 20/12/2023 | OT CHARGES | 1.00 | ₹ | 8,000.00 | ₹ | 8,000.00 |
| **PROFESSIONAL FEES** | | | | | | | |
| 5 | 20/12/2023 | SURGEON CHARGES | 1.00 | ₹ | 12,000.00 | ₹ | 12,000.00 |
| **ULTRASOUND** | | | | | | | |
| 6 | 25/12/2023 | ECHO - (IP) | 1.00 | ₹ | 2,500.00 | ₹ | 2,500.00 |

| | | |
|---|---|---|
| **Gross Amount** | ₹ | **52,500.00** |
| **Net Payable** | ₹ | **52,500.00** |
| **Advance Amount** | ₹ | **52,500.00** |
| **Received Amount** | ₹ | **0.00** |

**Received Amount In Words :** Fifty-Two Thousand Five Hundred Only

TRIPURARI MALLIKARJUN
**Authorized Signtaure**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 19/12/2023 | MMH/KM/RECAP00078 | CARD | Advance Amount | 20,000.00 |
| 2 | 20/12/2023 | MMH/KM/RECAP00083 | CARD | Advance Amount | 20,000.00 |
| 3 | 25/12/2023 | MMH/KM/RECAP00094 | CARD | Advance Amount | 10,000.00 |
| 4 | 25/12/2023 | MMH/KM/RECAP00097 | CARD | Advance Amount | 2,500.00 |