IN PATIENT DETAILED BILL

Patient Name	: **B/O.P.SUNEELA**		Patient Id	:	**MHK202300504**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00036
Gender	: Female		IP No	:	IPK00038
Age	: 0 Y 0 M 5 D		Ward/Bed	:	NICU / NICU - A
Doctor Name	: Dr.RAVI ANGARA		DOA	:	18/12/2023 11:29PM
Speciality	: PAEDIATRICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	20/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
CASUALTY							
1	20/12/2023	CONSULTATION	2.00	₹	2,000.00	₹	4,000.00
EQUIPMENT							
2	20/12/2023	PHOTOTHERAPY	1.50	₹	6,000.00	₹	9,000.00
LABORATORY							
3	20/12/2023	BILIRUBIN - DIRECT	1.00	₹	200.00	₹	200.00

Gross Amount	₹	**13,200.00**
Net Payable	₹	**13,200.00**
Advance Amount	₹	**13,200.00**
Received Amount	₹	**0.00**

Received Amount In Words : Thirteen Thousand Two 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/RECAP00075	CASH	Advance Amount	10,000.00
2	20/12/2023	MMH/KM/RECAP00080	CASH	Advance Amount	200.00
3	20/12/2023	MMH/KM/RECAP00082	CASH	Advance Amount	3,000.00