IN PATIENT DETAILED BILL

Patient Name	: **Mrs.K.SURYAKANTHAM**		Patient Id	:	**MHK202300512**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00037
Gender	: Female		IP No	:	IPK00039
Age	: 84 Y 0 M 2 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.KRISHNA PRITHVI		DOA	:	19/12/2023 5:17PM
Speciality	: PULMONOLOGIST		DOD	:	
Entity Type	: CASH		Bill Date	:	21/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	21/12/2023	BED CHARGES - SINGLE ROOM	2.00 days	₹	3,000.00	₹	6,000.00
CASUALTY							
2	21/12/2023	CONSULTATION	1.00	₹	1,000.00	₹	1,000.00
LABORATORY							
3	19/12/2023	ELECTROLYTES	1.00	₹	500.00	₹	500.00
4	19/12/2023	CREATININE	1.00	₹	100.00	₹	100.00
5	19/12/2023	CALCIUM	1.00	₹	200.00	₹	200.00
6	19/12/2023	UREA	1.00	₹	100.00	₹	100.00
7	19/12/2023	URIC ACID	1.00	₹	150.00	₹	150.00
8	19/12/2023	URINE ROUTINE ANALYSIS	1.00	₹	150.00	₹	150.00
9	19/12/2023	CBC	1.00	₹	350.00	₹	350.00
10	19/12/2023	C.R.P. (C-Reactive Protein)	1.00	₹	300.00	₹	300.00

Gross Amount	₹	**8,850.00**
Net Payable	₹	**8,850.00**
Advance Amount	₹	**6,850.00**
Received Amount	₹	**2,000.00**

Received Amount In Words : Eight Thousand Eight Hundred Fifty Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/KM/RECAP00076	CASH	Advance Amount	5,000.00
2	19/12/2023	MMH/KM/RECAP00077	CASH	Advance Amount	1,850.00
3	21/12/2023	MMH/KM/RECBD00737	CASH	Collected Amount	2,000.00