IN PATIENT DETAILED BILL

Patient Name	: **B/O.TADIPARTHI LAVANYA**		Patient Id	:	**MHK202300535**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00040
Gender	: Female		IP No	:	IPK00042
Age	: 0 Y 0 M 4 D		Ward/Bed	:	NICU / NICU - A
Doctor Name	: Dr.RAVI ANGARA		DOA	:	21/12/2023 6:58PM
Speciality	: PAEDIATRICIAN		DOD	:	
Entity Type	: CASH		Bill Date	:	23/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
CASUALTY					
1	23/12/2023	CONSULTATION	2.00	₹ 2,000.00	₹ 4,000.00
EQUIPMENT					
2	23/12/2023	PHOTOTHERAPY (DOUBLE)	2.00	₹ 8,000.00	₹ 16,000.00
LABORATORY					
3	23/12/2023	BILIRUBIN - TOTAL	1.00	₹ 225.00	₹ 225.00

Gross Amount	₹	**20,225.00**
Net Payable	₹	**20,225.00**
Advance Amount	₹	**10,000.00**
Received Amount	₹	**10,225.00**

Received Amount In Words : Twenty Thousand Two Hundred Twenty-Five Only

POLINATI NAVEEN KUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/12/2023	MMH/KM/RECAP00085	UPI	Advance Amount	10,000.00
2	23/12/2023	MMH/KM/RECBD00799	UPI	Collected Amount	10,225.00