IN PATIENT SUMMARY BILL

UHID	:	MHK202300570	Bill No	:	MMH/KM/IPK00047
IP No	:	IPK00043	Bill Date	:	29/12/2023
Patient name	:	Mrs.S.GEETHA	DOA	:	23/12/2023 1:18PM
Age	:	35 Y 0 M 6 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.KRISHNA PRITHVI			

S.No	Description		Amount
1	BED CHARGES	₹	21,000.00
2	BLOOD COMPONENTS	₹	1,500.00
3	CASUALTY	₹	8,000.00
4	EQUIPMENT	₹	2,000.00
5	LABORATORY	₹	13,824.00
6	RADIOLOGY	₹	1,000.00

Gross Amount	₹	**47,324.00**
Net Payable	₹	**47,324.00**
Advance Amount	₹	**47,324.00**
Received Amount	₹	**0.00**

Received Amount in Words : Forty-Seven Thousand Three Hundred Twenty-Four Only

PITHA ANILKUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/12/2023	MMH/KM/RECAP00090	CASH	Advance Amount	5,000.00
2	23/12/2023	MMH/KM/RECAP00091	CASH	Advance Amount	5,676.00
3	27/12/2023	MMH/KM/RECAP00104	CASH	Advance Amount	10,000.00
4	29/12/2023	MMH/KM/RECAP00111	UPI	Advance Amount	3,420.00
5	29/12/2023	MMH/KM/RECAP00119	CASH	Advance Amount	23,000.00
6	29/12/2023	MMH/KM/RECAP00120	UPI	Advance Amount	228.00