IN PATIENT DETAILED BILL

Patient Name	:	**Mr.MULASA CHANDRA RAO**	Patient Id	:	**MHK202300611**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK202400001
Gender	:	Male	IP No	:	IPK000049
Age	:	57 Y 0 M 5 D	Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	:	Dr.SAMANTH KUMAR	DOA	:	27/12/2023 3:02PM
Speciality	:	GENERAL SURGEON	DOD	:	
Entity Type	:	CASH	Bill Date	:	01/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	27/12/2023	REGISTRATION CHARGES	1.00	₹ 50.00	₹ 50.00
BED CHARGES					
2	01/01/2024	BED CHARGES - SINGLE ROOM	5.00 days	₹ 3,000.00	₹ 15,000.00
CASUALTY					
3	01/01/2024	CONSULTATION	8.00	₹ 1,000.00	₹ 8,000.00
EQUIPMENT					
4	28/12/2023	MONITOR CHARGE ½ DAY	1.00	₹ 500.00	₹ 500.00
OPERATION THEATRE CHARGES					
5	28/12/2023	OT CHARGES	2.00	₹ 6,000.00	₹ 12,000.00
PROFESSIONAL FEES					
6	28/12/2023	ANESTHETIST CHARGES	1.00	₹ 4,450.00	₹ 4,450.00
7	28/12/2023	SURGEON CHARGES	1.00	₹ 10,000.00	₹ 10,000.00

Gross Amount	₹	**50,000.00**
Net Payable	₹	**50,000.00**
Advance Amount	₹	**50,000.00**
Received Amount	₹	**0.00**

Received Amount In Words : Fifty Thousand Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/KM/RECAP00106	CASH	Advance Amount	20,000.00
2	28/12/2023	MMH/KM/RECAP00109	CASH	Advance Amount	20,000.00
3	01/01/2024	MMH/KM/RECAP2024000	CASH	Advance Amount	10,000.00