

IN PATIENT DETAILED BILL

Patient Name	: Mr.K.CHANDRARAO	Patient Id	: MHK202300633
Patient Type	: IP	Bill No	: MMH/KM/IPK202400003
Gender	: Male	IP No	: IPK000052
Age	: 60 Y 0 M 4 D	Ward/Bed	: SINGLE ROOM NON AC / 10'
Doctor Name	: Dr.KRISHNA PRITHVI	DOA	: 29/12/2023 5:35PM
Speciality	: PULMONOLOGIST	DOD	:
Entity Type	: CASH	Bill Date	: 02/01/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY		Unit Rate	Amount
BED CHARGES						
1	01/02/2024	BED CHARGES - SINGLE ROOM	4.00 days	₹	3,000.00 ₹	12,000.00
CASUALTY						
2	01/02/2024	CONSULTATION	2.00	₹	1,000.00 ₹	2,000.00
3	01/02/2024	CONSULTATION	2.00	₹	1,000.00 ₹	2,000.00
LABORATORY						
4	31/12/2023	GLUCOSE (PP 2 HOURS)	1.00	₹	60.00 ₹	60.00
5	30/12/2023	HbA1c	1.00	₹	900.00 ₹	900.00
6	31/12/2023	THYROID PROFILE (TOTAL)	1.00	₹	1,080.00 ₹	1,080.00
7	30/12/2023	ELECTROLYTES	1.00	₹	900.00 ₹	900.00
8	30/12/2023	URIC ACID	1.00	₹	480.00 ₹	480.00
9	01/01/2024	ANTI AQUAPORIN AB	1.00	₹	5,760.00 ₹	5,760.00
10	30/12/2023	UREA	1.00	₹	120.00 ₹	120.00
11	31/12/2023	LIPID PROFILE	1.00	₹	900.00 ₹	900.00
12	30/12/2023	CREATININE	1.00	₹	120.00 ₹	120.00
13	31/12/2023	GLUCOSE (FASTING)	1.00	₹	60.00 ₹	60.00
14	30/12/2023	URINE ROUTINE ANALYSIS	1.00	₹	216.00 ₹	216.00
15	30/12/2023	CBC	1.00	₹	420.00 ₹	420.00
16	30/12/2023	C.R.P. (C-Reactive Protein)	1.00	₹	720.00 ₹	720.00
RADIOLOGY						
17	29/12/2023	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	400.00 ₹	400.00
ULTRASOUND						
18	29/12/2023	ECHO - (IP)	1.00	₹	2,000.00 ₹	2,000.00

Gross Amount	₹	30,136.00
Net Payable	₹	30,136.00
Advance Amount	₹	30,136.00
Received Amount	₹	0.00

Received Amount In Words : Thirty Thousand One Hundred Thirty-Six Only

RAYAPUREDDI
VINODKUMAR
Authorized Signataure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/KM/RECAP00116	CASH	Advance Amount	5,000.00
2	30/12/2023	MMH/KM/RECAP00122	CASH	Advance Amount	5,000.00
3	02/01/2024	MMH/KM/RECAP20240000	UPI	Advance Amount	20,136.00