IN PATIENT DETAILED BILL

Patient Name	: **Mrs.S SURYANARAYANAMM/**		Patient Id	:	**MHK202300645**
Patient Type	: IP		Bill No	:	MMH/KM/IPK202400002
Gender	: Female		IP No	:	IPK000053
Age	: 36 Y 0 M 1 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.N. KINNERA VEENA		DOA	:	31/12/2023 11:22AM
Speciality	: OBSTETRICIAN AND GYNECC		DOD	:	
Entity Type	: CASH		Bill Date	:	01/01/2024
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	31/12/2023	REGISTRATION CHARGES	1.00	₹	50.00	₹	50.00
BED CHARGES							
2	01/01/2024	BED CHARGES - SINGLE ROOM	1.50 days	₹	3,000.00	₹	4,500.00
CASUALTY							
3	01/01/2024	CONSULTATION	3.00	₹	500.00	₹	1,500.00
LABORATORY							
4	31/12/2023	URINE ROUTINE ANALYSIS	1.00	₹	216.00	₹	216.00
5	01/01/2024	BLOOD GROUP and RH TYPE	1.00	₹	216.00	₹	216.00
6	31/12/2023	CLOTTING TIME	1.00	₹	144.00	₹	144.00
7	31/12/2023	BLEEDING TIME	1.00	₹	144.00	₹	144.00
8	31/12/2023	CBC	1.00	₹	420.00	₹	420.00
9	31/12/2023	URINE CULTURE & SENSITIVITY	1.00	₹	1,080.00	₹	1,080.00
RADIOLOGY							
10	01/01/2024	ULTRA SOUND	1.00	₹	1,200.00	₹	1,200.00

Gross Amount	₹	**9,470.00**
Net Payable	₹	**9,470.00**
Advance Amount	₹	**9,470.00**
Received Amount	₹	**0.00**

Received Amount In Words : Nine Thousand Four Hundred Seventy Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/12/2023	MMH/KM/RECAP00125	CARD	Advance Amount	5,000.00
2	01/01/2024	MMH/KM/RECAP2024000(	CARD	Advance Amount	4,470.00