## IN PATIENT DETAILED BILL

| | | | | | |
|---|---|---|---|---|---|
| Patient Name | : | **Mr.V RAVINDRA SRINIVAS** | Patient Id | : | **MHK202400659** |
| Patient Type | : | IP | Bill No | : | MMH/KM/IPK202400008 |
| Gender | : | Male | IP No | : | IPK2024000002 |
| Age | : | 59 Y 0 M 2 D | Ward/Bed | : | SINGLE ROOM NON AC / 10 |
| Doctor Name | : | Dr.KRISHNA PRITHVI | DOA | : | 05/01/2024 9:13AM |
| Speciality | : | PULMONOLOGIST | DOD | : | |
| Entity Type | : | CASH | Bill Date | : | 07/01/2024 |
| Payer | : | CASH | | | |

| S.No | Date & Time | Particulars | QTY | | Unit Rate | | Amount |
|---|---|---|---|---|---|---|---|
| **ADMINISTRATION CHARGES** | | | | | | | |
| 1 | 01/07/2024 | REGISTRATION CHARGES | 1.00 | ₹ | 100.00 | ₹ | 100.00 |
| **BED CHARGES** | | | | | | | |
| 2 | 01/07/2024 | BED CHARGES - SINGLE ROOM | 2.00 days | ₹ | 3,000.00 | ₹ | 6,000.00 |
| 3 | 01/07/2024 | BED CHARGES - SICU | 0.50 days | ₹ | 9,000.00 | ₹ | 4,500.00 |
| **BLOOD COMPONENTS** | | | | | | | |
| 4 | 01/07/2024 | BLOOD TRANSFUSION | 1.00 | ₹ | 1,500.00 | ₹ | 1,500.00 |
| **CASUALTY** | | | | | | | |
| 5 | 01/07/2024 | CONSULTATION | 2.00 | ₹ | 1,000.00 | ₹ | 2,000.00 |
| **EQUIPMENT** | | | | | | | |
| 6 | 01/06/2024 | OXYGEN CHARGE 1 DAY | 0.50 | ₹ | 3,000.00 | ₹ | 1,500.00 |
| 7 | 01/07/2024 | NEBULIZER CHARGE | 5.00 | ₹ | 150.00 | ₹ | 750.00 |
| **LABORATORY** | | | | | | | |
| 8 | 01/05/2024 | ABG BLOOD GAS | 1.00 | ₹ | 900.00 | ₹ | 900.00 |
| 9 | 01/05/2024 | BLOOD GROUP and RH TYPE | 1.00 | ₹ | 225.00 | ₹ | 225.00 |
| **RADIOLOGY** | | | | | | | |
| 10 | 01/05/2024 | ECG (ELECTROCARDIOGRAM) (IP) | 1.00 | ₹ | 400.00 | ₹ | 400.00 |
| 11 | 01/05/2024 | Chest PA View | 1.00 | ₹ | 625.00 | ₹ | 625.00 |

| | | |
|---|---|---|
| **Gross Amount** | ₹ | **18,500.00** |
| **Net Payable** | ₹ | **18,500.00** |
| **Advance Amount** | ₹ | **18,500.00** |
| **Received Amount** | ₹ | **0.00** |

**Received Amount In Words :** Eighteen Thousand Five Hundred Only

RAYAPUREDDI VINODKUMAR
**Authorized Signtaure**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 05/01/2024 | MMH/KM/RECAP2024000 | UPI | Advance Amount | 10,000.00 |
| 2 | 07/01/2024 | MMH/KM/RECAP2024000 | CARD | Advance Amount | 8,500.00 |