

IN PATIENT SUMMARY BILL

UHID : MHK202400668

IP No : IPK2024000003

Patient name : Mr.R.LAKSHMANA SWAMY

Age : 80 Y 0 M 1 D/Male

Consultant Name : Dr.KRISHNA PRITHVI

Bill No : MMH/KM/IPK202400007

Bill Date : 06/01/2024

DOA : 5/1/2024 7:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 2,000.00
2	CASUALTY	₹ 1,000.00
3	EQUIPMENT	₹ 300.00
Gross Amount		₹ 3,300.00
Net Payable		₹ 3,300.00
Advance Amount		₹ 3,300.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Three Hundred Only

RAYAPUREDDI
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/KM/RECAP2024000	UPI	Advance Amount	3,300.00