

IN PATIENT DETAILED BILL

Patient Name	: Mrs.G. AMMAJI	Patient Id	: MHK202400692
Patient Type	: IP	Bill No	: MMH/KM/IPK202400010
Gender	: Female	IP No	: IPK2024000006
Age	: 28 Y 0 M 2 D	Ward/Bed	: SINGLE ROOM NON AC / 10
Doctor Name	: Dr.N. KINNERA VEENA	DOA	: 07/01/2024 12:24PM
Speciality	: OBSTETRICIAN AND GYNECC	DOD	:
Entity Type	: CASH	Bill Date	: 09/01/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	01/07/2024	REGISTRATION CHARGES	1.00	₹ 50.00 ₹	50.00
BED CHARGES					
2	01/09/2024	BED CHARGES - SINGLE ROOM	2.00 days	₹ 3,000.00 ₹	6,000.00
CASUALTY					
3	01/09/2024	CONSULTATION	1.00	₹ 500.00 ₹	500.00
Gross Amount				₹	6,550.00
Net Payable				₹	6,550.00
Advance Amount				₹	6,550.00
Received Amount				₹	0.00

Received Amount In Words : Six Thousand Five Hundred Fifty Only

TRIPURARI
MALLIKARJUN
Authorized Signataure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/KM/RECAP2024000	CASH	Advance Amount	5,000.00
2	09/01/2024	MMH/KM/RECAP2024000	CASH	Advance Amount	1,550.00