

IN PATIENT SUMMARY BILL

UHID	:	MHK202403969	Bill No	:	MMH/KM/IPK202400470
IP No	:	IPK2024000476	Bill Date	:	18/09/2024
Patient name	:	Mr.K. VENKANNA BABU	DOA	:	17/9/2024 7:47PM
Age	:	55 Y 0 M 1 D/Male	DOD	:	
Consultant Name					Entity Type : CASH
					Entity Name : CASH

Consultant Name : Dr.KRISHNA PRITHVI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 1,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 550.00
4	LABORATORY	₹ 4,946.00
5	MEDICAL RECORD CHARGE	₹ 150.00
6	NURSING CHARGE	₹ 500.00
7	PROFESSIONAL TEAM FEES	₹ 1,000.00
		₹ 9,196.00
		₹ 9,196.00
		₹ 9,860.00
		₹ 0.00
		₹ 664.00

Received Amount in Words : Nine Thousand Eight Hundred Sixty Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/17/2024	MMH/KM/RECAP202401074	CASH	Advance Amount	5,000.00
2	9/17/2024	MMH/KM/RECAP202401075	CASH	Advance Amount	360.00
3	9/18/2024	MMH/KM/RECAP202401077	CASH	Advance Amount	4,500.00