

IN PATIENT SUMMARY BILL

UHID : MHK202403969

IP No : IPK2024000476

Patient name : Mr.K. VENKANNA BABU

Age : 55 Y 0 M 1 D/Male

Consultant Name : Dr.KRISHNA PRITHVI

Bill No : MMH/KM/IPK202400470

Bill Date : 18/09/2024

DOA : 17/9/2024 7:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

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
Gross Amount		₹ 9,196.00
Net Payable		₹ 9,196.00
Advance Amount		₹ 9,860.00
Received Amount		₹ 0.00
Refund Amount		₹ 664.00

Received Amount in Words : Nine Thousand Eight Hundred Sixty Only

DULAPALLI ABHISHEK  
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