Out Patient Bill

Patient Name	: **Mrs.K.ANJAMMA**	**Bill No**	: MMH/KM/IPK202400248
Patient Id	: **MHK202402618**	**Bill Date**	: 03/06/2024 7:07:50PM
Age/Gender	: 40 Y 0 M 7 D/Female	**Visit Report Id**	: MHK202402618-IP001
Phone Number	: 7997122755	**Payment Mode**	:
Doctor Name	: Dr.MANIKANTA	**Entity Type**	: Corporate
Visit Date	: 27/05/2024 4:23:06PM	**Entity Name**	: AAROGYASRI
Speciality	: UROLOGIST		
Claim No	: 6228907/01		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PHARMACY CHARGE	1.00	₹4,356.00	₹0.00	₹4,356.00
2	ULTRASOUND	1.00	₹840.00	₹0.00	₹840.00
3	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
4	DIET CHARGES	5.00	₹100.00	₹0.00	₹500.00
5	CHEST X-RAY	1.00	₹525.00	₹0.00	₹525.00
6	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
7	TRANSPORTATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
8	KUB	1.00	₹420.00	₹0.00	₹420.00
9	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
10	BED CHARGES - FEMALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹3,750.00
11	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹2,750.00
12	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹2,500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	MISCELLANEOUS	1.00	₹300.00	₹0.00	₹300.00
14	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
15	PROFESSIONAL FEES(Dr.MANIKANTA)	1.00	₹8,000.00	₹0.00	₹8,000.00
16	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
17	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
18	MONITOR CHARGE ½ DAY	1.00	₹500.00	₹0.00	₹500.00
19	OT CHARGES	1.00	₹3,000.00	₹0.00	₹3,000.00
20	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,500.00	₹0.00	₹2,500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹34,471.00**
		Discount Amount	:		**₹7,186.00**
		Net Amount	:		**₹ 27,285.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

TRIPURARI MALLIKARJUN

Authorised Signature