

IN PATIENT SUMMARY BILL

UHID : MHK202402558 Bill No : MMH/KM/IPK202400254
 IP No : IPK2024000237 Bill Date : 07/06/2024
 Patient name : Mrs.DODDI AMMAJI DOA : 23/5/2024 2:53PM
 Age : 45 Y 0 M 15 D/Female DOD :
 Entity Type : Corporate
 Entity Name : AAROGYASRI
 Consultant Name : Dr.MANIKANTA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 5,250.00
3	DIET CHARGES	₹ 700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,850.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 1,780.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	MISCELLANEOUS	₹ 300.00
10	NURSING CHARGE	₹ 3,500.00
11	OPERATION THEATRE CHARGES	₹ 6,500.00
12	PHARMACY CHARGE	₹ 5,156.00
13	RADIOLOGY	₹ 1,345.00
14	SURGICAL TEAM FEES	₹ 15,500.00
15	TRANSPORT	₹ 100.00
		₹ 45,231.00
		₹ 4,901.00
		₹ 40,330.00
		₹ 0.00

Received Amount in Words : Zero Only

TRIPURARI MALLIKARJUN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					