

IN PATIENT SUMMARY BILL

UHID : MHK202402608 Bill No : MMH/KM/IPK202400256
 IP No : IPK2024000244 Bill Date : 07/06/2024
 Patient name : Mrs.CHALIKE. PADMA DOA : 27/5/2024 12:09PM
 Age : 33 Y 0 M 11 D/Female DOD :
 Entity Type : Corporate
 Entity Name : AAROGYASRI
 Consultant Name : Dr.N.SURYA PRASAD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 3,000.00
3	DIET CHARGES	₹ 400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,200.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 600.00
7	MEDICAL RECORD CHARGE	₹ 150.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 6,850.00
10	PHARMACY CHARGE	₹ 3,076.00
11	RADIOLOGY	₹ 1,975.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 150.00
		₹ 28,001.00
		₹ 10,401.00
		₹ 17,600.00
		₹ 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					