

IN PATIENT SUMMARY BILL

UHID : MHK202402450 Bill No : MMH/KM/IPK202400260
 IP No : IPK2024000250 Bill Date : 09/06/2024
 Patient name : Child.B.VENKATESWARUDU DOA : 28/5/2024 1:10PM
 Age : 9 Y 0 M 24 D/Male 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	₹ 4,500.00
3	DIET CHARGES	₹ 600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,300.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 300.00
7	LABORATORY	₹ 1,930.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 3,000.00
10	OPERATION THEATRE CHARGES	₹ 4,850.00
11	PHARMACY CHARGE	₹ 2,570.00
12	RADIOLOGY	₹ 1,155.00
13	SURGICAL TEAM FEES	₹ 7,000.00
14	TRANSPORT	₹ 100.00
		₹ 30,055.00
		₹ 12,455.00
		₹ 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					