

IN PATIENT SUMMARY BILL

UHID : MHK202402650 Bill No : MMH/KM/IPK202400261
 IP No : IPK2024000256 Bill Date : 09/06/2024
 Patient name : Mrs.AMALAPURAPU VENKATALAKSHMI DOA : 30/5/2024 10:39AM
 Age : 42 Y 0 M 10 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	₹ 3,750.00
3	DIET CHARGES	₹ 400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,750.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 900.00
7	IMPLANT	₹ 3,100.00
8	LABORATORY	₹ 1,893.00
9	MEDICAL RECORD CHARGE	₹ 150.00
10	NURSING CHARGE	₹ 2,500.00
11	OPERATION THEATRE CHARGES	₹ 6,850.00
12	PHARMACY CHARGE	₹ 3,100.00
13	RADIOLOGY	₹ 1,555.00
14	SURGICAL TEAM FEES	₹ 15,500.00
15	TRANSPORT	₹ 100.00
		₹ 43,148.00
		₹ 1,148.00
		₹ 42,000.00
		₹ 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					