

IN PATIENT SUMMARY BILL

UHID : MHK202402685 Bill No : MMH/KM/IPK202400263
IP No : IPK2024000263 Bill Date : 09/06/2024
Patient name : Mr.KAKARA.NARENDRA DOA : 3/6/2024 3:31PM
Age : 31 Y 0 M 6 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	₹ 2,250.00
3	DIET CHARGES	₹ 300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,650.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 300.00
7	MEDICAL RECORD CHARGE	₹ 150.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 4,350.00
10	PHARMACY CHARGE	₹ 2,485.00
11	SURGICAL TEAM FEES	₹ 7,000.00
12	TRANSPORT	₹ 100.00
	Gross Amount	₹ 20,685.00
	Discount Amount	₹ 3,085.00
	Net Payable	₹ 17,600.00
	Received Amount	₹ 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					