

IN PATIENT SUMMARY BILL

UHID : MHK202402706 Bill No : MMH/KM/IPK202400274
 IP No : IPK2024000265 Bill Date : 22/06/2024
 Patient name : Mrs.PULLETI.RAMALAKSHMI DOA : 6/6/2024 1:31PM
 Age : 53 Y 0 M 16 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	₹ 3,000.00
3	DIET CHARGES	₹ 400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,200.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 1,780.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 2,000.00
10	OPERATION THEATRE CHARGES	₹ 4,500.00
11	PHARMACY CHARGE	₹ 4,466.00
12	RADIOLOGY	₹ 1,785.00
13	SURGICAL TEAM FEES	₹ 10,000.00
14	TRANSPORT	₹ 100.00
		₹ 31,481.00
		₹ 4,196.00
		₹ 27,285.00
		₹ 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					