

IN PATIENT SUMMARY BILL

UHID : MHK202402773 Bill No : MMH/KM/IPK202400278
 IP No : IPK2024000269 Bill Date : 22/06/2024
 Patient name : Mr.Y. CHINNA YEDUKONDALU DOA : 11/6/2024 5:29PM
 Age : 42 Y 0 M 11 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	₹ 600.00
7	MEDICAL RECORD CHARGE	₹ 150.00
8	NURSING CHARGE	₹ 3,000.00
9	OPERATION THEATRE CHARGES	₹ 5,850.00
10	PHARMACY CHARGE	₹ 3,276.00
11	RADIOLOGY	₹ 1,555.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 100.00
		₹ 30,531.00
		₹ 10,731.00
		₹ 19,800.00
		₹ 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					