

IN PATIENT SUMMARY BILL

UHID : MHK202402972 Bill No : MMH/KM/IPK202400295
 IP No : IPK2024000297 Bill Date : 29/06/2024
 Patient name : Mr.LANGOJU SRINU DOA : 24/6/2024 12:48PM
 Age : 35 Y 0 M 5 D/Male DOD :
 Entity Type : Corporate
 Consultant Name : Dr.N.SURYA PRASAD Entity Name : AAROGYASRI

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	₹ 900.00
7	LABORATORY	₹ 1,975.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 1,500.00
10	OPERATION THEATRE CHARGES	₹ 6,850.00
11	PHARMACY CHARGE	₹ 3,110.00
12	RADIOLOGY	₹ 2,185.00
13	SURGICAL TEAM FEES	₹ 7,000.00
14	TRANSPORT	₹ 100.00
		₹ 28,570.00
		₹ 17,600.00
		₹ 10,970.00
		₹ 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					

Medical Claim	Claim No	Sanction Amount
AAROGYASRI	04426041	17,600.00