

IN PATIENT SUMMARY BILL

UHID : MHK202402886

IP No : IPK2024000286

Patient name : Child.PENKE. SURYA RAVI TEJA

Age : 12 Y 0 M 11 D/Male

Bill No : MMH/KM/IPK202400296

Bill Date : 29/06/2024

DOA : 18/6/2024 6:12PM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

Consultant Name : Dr.SRINUBABU RAYUDU

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 100.00 |
| 2 | BED CHARGES | ₹ 6,000.00 |
| 3 | DIET CHARGES | ₹ 800.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,400.00 |
| 5 | EQUIPMENT | ₹ 500.00 |
| 6 | GENERAL PROCEDURE | ₹ 1,350.00 |
| 7 | IMPLANT | ₹ 3,600.00 |
| 8 | LABORATORY | ₹ 150.00 |
| 9 | MEDICAL RECORD CHARGE | ₹ 150.00 |
| 10 | NURSING CHARGE | ₹ 4,000.00 |
| 11 | OPERATION THEATRE CHARGES | ₹ 6,850.00 |
| 12 | PHARMACY CHARGE | ₹ 3,772.00 |
| 13 | RADIOLOGY | ₹ 1,155.00 |
| 14 | SURGICAL TEAM FEES | ₹ 11,500.00 |
| 15 | TRANSPORT | ₹ 100.00 |
| Gross Amount | | ₹ 44,427.00 |
| Discount Amount | | ₹ 14,427.00 |
| Net Payable | | ₹ 30,000.00 |
| 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 | | | | | |