

IN PATIENT SUMMARY BILL

UHID : MHK202402961

IP No : IPK2024000296

Patient name : Mrs.VAKADA HIMABINDU VENKATA RATI

Age : 29 Y 0 M 19 D/Female

Bill No : MMH/KM/IPK202400319

Bill Date : 12/07/2024

DOA : 23/6/2024 7:29PM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

Consultant Name : Dr.HIMA BINDU

| 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                   | ₹ 1,100.00  |
| 6               | GENERAL PROCEDURE           | ₹ 800.00    |
| 7               | LABORATORY                  | ₹ 100.00    |
| 8               | MEDICAL RECORD CHARGE       | ₹ 150.00    |
| 9               | NURSING CHARGE              | ₹ 3,000.00  |
| 10              | OPERATION THEATRE CHARGES   | ₹ 5,350.00  |
| 11              | PHARMACY CHARGE             | ₹ 6,759.00  |
| 12              | RADIOLOGY                   | ₹ 400.00    |
| 13              | SURGICAL TEAM FEES          | ₹ 7,000.00  |
| 14              | TRANSPORT                   | ₹ 100.00    |
| Gross Amount    |                             | ₹ 33,259.00 |
| Discount Amount |                             | ₹ 19,909.00 |
| Net Payable     |                             | ₹ 13,350.00 |
| 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    |              |              |              |             |                 |