

IN PATIENT SUMMARY BILL

UHID : MHK202402980 Bill No : MMH/KM/IPK202400327
 IP No : IPK2024000299 Bill Date : 16/07/2024
 Patient name : Child.PEETHALA SRIRAM DOA : 25/6/2024 11:59AM
 Age : 10 Y 0 M 22 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	₹ 5,250.00
3	DIET CHARGES	₹ 700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,850.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 900.00
7	IMPLANT	₹ 3,600.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 3,500.00
10	OPERATION THEATRE CHARGES	₹ 6,850.00
11	PHARMACY CHARGE	₹ 4,221.00
12	RADIOLOGY	₹ 630.00
13	SURGICAL TEAM FEES	₹ 11,700.00
14	TRANSPORT	₹ 50.00
		₹ 42,001.00
		₹ 12,001.00
		₹ 30,000.00
		₹ 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					