

IN PATIENT SUMMARY BILL

UHID : MHK202402645 Bill No : MMH/KM/IPK202400336
 IP No : IPK2024000313 Bill Date : 18/07/2024
 Patient name : Mrs.VEMANA. PAPA DOA : 4/7/2024 12:38PM
 Age : 53 Y 0 M 14 D/Female DOD :
 Entity Type : Corporate
 Entity Name : AAROGYASRI
 Consultant Name : Dr.SATYANARAYANA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 1,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,050.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 950.00
7	LABORATORY	₹ 1,780.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	MISCELLANEOUS	₹ 300.00
10	NURSING CHARGE	₹ 5,500.00
11	OPERATION THEATRE CHARGES	₹ 14,350.00
12	PHARMACY CHARGE	₹ 15,346.00
13	RADIOLOGY	₹ 2,185.00
14	SURGICAL TEAM FEES	₹ 15,500.00
15	TRANSPORT	₹ 100.00
		₹ 72,161.00
		₹ 32,161.00
		₹ 40,000.00
		₹ 0.00

Received Amount in Words : Zero Only

RAYAPUREDDI
Autodesk Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					