

IN PATIENT SUMMARY BILL

UHID : MHK202403376 Bill No : MMH/KM/IPK202400370
IP No : IPK2024000354 Bill Date : 07/08/2024
Patient name : Mr.PINAPOTHU. SATYANARAYANA DOA : 26/7/2024 11:24PM
Age : 50 Y 0 M 12 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	₹ 4,500.00
3	DIET CHARGES	₹ 600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,300.00
5	EQUIPMENT	₹ 650.00
6	GENERAL PROCEDURE	₹ 900.00
7	IMPLANT	₹ 1,020.00
8	LABORATORY	₹ 1,000.00
9	MEDICAL RECORD CHARGE	₹ 150.00
10	NURSING CHARGE	₹ 3,000.00
11	OPERATION THEATRE CHARGES	₹ 6,850.00
12	PHARMACY CHARGE	₹ 3,394.00
13	RADIOLOGY	₹ 1,030.00
14	SURGICAL TEAM FEES	₹ 9,000.00
15	TRANSPORT	₹ 100.00
		₹ 35,594.00
		₹ 9,594.00
		₹ 26,000.00
		₹ 1,000.00
		₹ 0.00

Received Amount in Words : One Thousand Only

TRIPURARI MALLIKARJUN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/29/2024	MMH/KM/RECAP202400761	CASH	Advance Amount	1,000.00