

IN PATIENT SUMMARY BILL

UHID : MHK202402089

IP No : IPK2024000361

Patient name : Mrs.KAMBALA.CHELLA RATNAM

Age : 54 Y 3 M 21 D/Female

Consultant Name : Dr.MANIKANTA

Bill No : MMH/KM/IPK202400372

Bill Date : 07/08/2024

DOA : 30/7/2024 3:45PM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

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	₹ 500.00
7	LABORATORY	₹ 1,780.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 3,500.00
10	OPERATION THEATRE CHARGES	₹ 6,500.00
11	PHARMACY CHARGE	₹ 6,230.00
12	RADIOLOGY	₹ 2,175.00
13	SURGICAL TEAM FEES	₹ 10,500.00
14	TRANSPORT	₹ 50.00
Gross Amount		₹ 41,785.00
Discount Amount		₹ 14,500.00
Net Payable		₹ 27,285.00
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					