

### IN PATIENT SUMMARY BILL

UHID : MHK202402089      Bill No : MMH/KM/IPK202400372  
 IP No : IPK2024000361      Bill Date : 07/08/2024  
 Patient name : Mrs.KAMBALA.CHELLA RATNAM      DOA : 30/7/2024 3:45PM  
 Age : 54 Y 3 M 21 D/Female      DOD :  
 Entity Type : Corporate  
 Entity Name : AAROGYASRI  
 Consultant Name : Dr.MANIKANTA

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
		<b>₹ 41,785.00</b>
		<b>₹ 14,500.00</b>
		<b>₹ 27,285.00</b>
		<b>₹ 0.00</b>

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					