

IN PATIENT SUMMARY BILL

UHID : MHK202403476

IP No : IPK2024000374

Patient name : Ms.AVVA NAGA NANDINI

Age : 15 Y 0 M 12 D/Female

Consultant Name : Dr.N.SURYA PRASAD

Bill No : MMH/KM/IPK202400384

Bill Date : 17/08/2024

DOA : 5/8/2024 1:04PM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 3,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,750.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEEDURE	₹ 900.00
7	IMPLANT	₹ 3,200.00
8	LABORATORY	₹ 1,780.00
9	MEDICAL RECORD CHARGE	₹ 150.00
10	NURSING CHARGE	₹ 2,500.00
11	OPERATION THEATRE CHARGES	₹ 6,850.00
12	PHARMACY CHARGE	₹ 3,024.00
13	RADIOLOGY	₹ 1,155.00
14	SURGICAL TEAM FEES	₹ 9,500.00
15	TRANSPORT	₹ 50.00
Gross Amount		₹ 36,709.00
Discount Amount		₹ 11,709.00
Net Payable		₹ 25,000.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

RAYAPUREDDI
Authentic Signature

Payment History

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