

### IN PATIENT SUMMARY BILL

UHID : MHK202403567      Bill No : MMH/KM/IPK202400409  
 IP No : IPK2024000401      Bill Date : 27/08/2024  
 Patient name : Mrs.KILLADI CHITAMMA      DOA : 19/8/2024 12:44PM  
 Age : 71 Y 0 M 14 D/Female      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	₹ 3,750.00
3	BLOOD COMPONENTS	₹ 1,500.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,750.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEEDURE	₹ 1,400.00
8	IMPLANT	₹ 5,238.00
9	MEDICAL RECORD CHARGE	₹ 150.00
10	NURSING CHARGE	₹ 2,500.00
11	OPERATION THEATRE CHARGES	₹ 6,850.00
12	PHARMACY CHARGE	₹ 5,247.00
13	RADIOLOGY	₹ 630.00
14	SURGICAL TEAM FEES	₹ 12,000.00
15	TRANSPORT	₹ 100.00
		<b>₹ 43,215.00</b>
		<b>₹ 10,315.00</b>
		<b>₹ 32,900.00</b>
		<b>₹ 0.00</b>

Received Amount in Words : Zero Only

RAYAPUREDDI  
Autograph Signature

#### Payment History

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