

### IN PATIENT SUMMARY BILL

UHID : MHK202403641      Bill No : MMH/KM/IPK202400410  
 IP No : IPK2024000404      Bill Date : 27/08/2024  
 Patient name : Mr.G.RAMAKRISHNA CHOWDARY      DOA : 19/8/2024 4:31PM  
 Age : 64 Y 0 M 8 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                 | ₹ 3,000.00         |
| 3    | DIET CHARGES                | ₹ 400.00           |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 2,200.00         |
| 5    | GENERAL PROCEEDURE          | ₹ 900.00           |
| 6    | IMPLANT                     | ₹ 1,020.00         |
| 7    | MEDICAL RECORD CHARGE       | ₹ 150.00           |
| 8    | NURSING CHARGE              | ₹ 2,000.00         |
| 9    | OPERATION THEATRE CHARGES   | ₹ 6,850.00         |
| 10   | PHARMACY CHARGE             | ₹ 2,757.00         |
| 11   | RADIOLOGY                   | ₹ 630.00           |
| 12   | SURGICAL TEAM FEES          | ₹ 9,500.00         |
| 13   | TRANSPORT                   | ₹ 100.00           |
|      |                             | <b>₹ 29,607.00</b> |
|      |                             | <b>₹ 4,607.00</b>  |
|      |                             | <b>₹ 25,000.00</b> |
|      |                             | <b>₹ 0.00</b>      |

Received Amount in Words : Zero Only

RAYAPUREDDI

Autodesk Signature

#### Payment History

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