

IN PATIENT SUMMARY BILL

UHID : MHK202403734

IP No : IPK2024000421

Patient name : Master.DAVULURI PAVAN GANGA BHARG

Age : 13 Y 0 M 6 D/Male

Consultant Name : Dr.SAMANTH KUMAR

Bill No : MMH/KM/IPK202400425

Bill Date : 02/09/2024

DOA : 27/8/2024 3:35PM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 100.00    |
| 2               | BED CHARGES                 | ₹ 2,250.00  |
| 3               | DIET CHARGES                | ₹ 300.00    |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,650.00  |
| 5               | EQUIPMENT                   | ₹ 400.00    |
| 6               | MEDICAL RECORD CHARGE       | ₹ 150.00    |
| 7               | NURSING CHARGE              | ₹ 1,500.00  |
| 8               | OPERATION THEATRE CHARGES   | ₹ 10,350.00 |
| 9               | PHARMACY CHARGE             | ₹ 4,562.00  |
| 10              | RADIOLOGY                   | ₹ 830.00    |
| 11              | SURGICAL TEAM FEES          | ₹ 8,500.00  |
| 12              | TRANSPORT                   | ₹ 100.00    |
| Gross Amount    |                             | ₹ 30,692.00 |
| Sanction Amount |                             | ₹ 23,400.00 |
| Discount Amount |                             | ₹ 7,292.00  |
| Net Payable     |                             | ₹ 23,400.00 |
| 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    |              |              |              |             |                 |