

IN PATIENT SUMMARY BILL

UHID : MHK202403799 Bill No : MMH/KM/IPK202400463
IP No : IPK2024000440 Bill Date : 17/09/2024
Patient name : Mr.G. DEVULLU DOA : 3/9/2024 3:30PM
Age : 53 Y 0 M 14 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 | ₹ 4,500.00 |
| 3 | DIET CHARGES | ₹ 600.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,300.00 |
| 5 | EQUIPMENT | ₹ 500.00 |
| 6 | IMPLANT | ₹ 6,060.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 150.00 |
| 8 | NURSING CHARGE | ₹ 3,000.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 9,350.00 |
| 10 | PHARMACY CHARGE | ₹ 3,681.00 |
| 11 | PROCEDURE CHARGES | ₹ 900.00 |
| 12 | RADIOLOGY | ₹ 630.00 |
| 13 | SURGICAL TEAM FEES | ₹ 13,000.00 |
| 14 | TRANSPORT | ₹ 100.00 |
| | | ₹ 45,871.00 |
| | | ₹ 35,500.00 |
| | | ₹ 10,371.00 |
| | | ₹ 35,500.00 |
| | | ₹ 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 | | | | | |