

IN PATIENT SUMMARY BILL

UHID : MHK202403873 Bill No : MMH/KM/IPK202400473
 IP No : IPK2024000454 Bill Date : 21/09/2024
 Patient name : Mrs.CH.RATNAM DOA : 9/9/2024 2:52PM
 Age : 58 Y 0 M 12 D/Female DOD :
 Entity Type : Corporate
 Consultant Name : Dr.N.SURYA PRASAD Entity Name : AAROGYASRI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 5,250.00
3	DIET CHARGES	₹ 700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,850.00
5	EQUIPMENT	₹ 500.00
6	IMPLANT	₹ 2,250.00
7	LABORATORY	₹ 50.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	MISCELLANEOUS	₹ 300.00
10	NURSING CHARGE	₹ 3,500.00
11	OPERATION THEATRE CHARGES	₹ 6,850.00
12	PHARMACY CHARGE	₹ 3,583.00
13	PROCEDURE CHARGES	₹ 1,350.00
14	RADIOLOGY	₹ 1,260.00
15	SURGICAL TEAM FEES	₹ 9,500.00
16	TRANSPORT	₹ 100.00
		₹ 39,293.00
		₹ 25,000.00
		₹ 14,293.00
		₹ 25,000.00
		₹ 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					