

IN PATIENT SUMMARY BILL

UHID : MHK202402446 Bill No : MMH/KM/IPK202400475
 IP No : IPK2024000462 Bill Date : 21/09/2024
 Patient name : Child.B.MANIDEEP DOA : 12/9/2024 1:58PM
 Age : 7 Y 4 M 5 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	EQUIPMENT	₹ 900.00
6	MEDICAL RECORD CHARGE	₹ 150.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 6,850.00
9	PHARMACY CHARGE	₹ 2,701.00
10	PROCEDURE CHARGES	₹ 300.00
11	RADIOLOGY	₹ 630.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 120.00
		Gross Amount
		₹ 26,351.00
		Sanction Amount
		₹ 17,600.00
		Discount Amount
		₹ 8,751.00
		Net Payable
		₹ 17,600.00
		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					