

IN PATIENT SUMMARY BILL

UHID : MHK202403893

IP No : IPK2024000465

Patient name : Mr.NADARAPU.SOMESWARA RAO

Age : 31 Y 0 M 10 D/Male

Bill No : MMH/KM/IPK202400477

Bill Date : 21/09/2024

DOA : 13/9/2024 5:46PM

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 | ₹ 500.00 |
| 6 | IMPLANT | ₹ 11,750.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 150.00 |
| 8 | NURSING CHARGE | ₹ 2,000.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 9,350.00 |
| 10 | PHARMACY CHARGE | ₹ 4,818.00 |
| 11 | RADIOLOGY | ₹ 1,260.00 |
| 12 | SURGICAL TEAM FEES | ₹ 13,000.00 |
| 13 | TRANSPORT | ₹ 100.00 |
| Gross Amount | | ₹ 48,628.00 |
| Sanction Amount | | ₹ 35,500.00 |
| Discount Amount | | ₹ 13,128.00 |
| Net Payable | | ₹ 35,500.00 |
| 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 | | | | | |