

IN PATIENT SUMMARY BILL

UHID : MHK202403998

IP No : IPK2024000484

Patient name : Mr.K.LOKESH

Age : 21 Y 0 M 6 D/Male

Consultant Name : Dr.N.SURYA PRASAD

Bill No : MMH/KM/IPK202400490

Bill Date : 26/09/2024

DOA : 20/9/2024 3:49PM

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 | ₹ 500.00 |
| 6 | MEDICAL RECORD CHARGE | ₹ 150.00 |
| 7 | NURSING CHARGE | ₹ 1,500.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 7,850.00 |
| 9 | PHARMACY CHARGE | ₹ 5,907.00 |
| 10 | PROCEDURE CHARGES | ₹ 450.00 |
| 11 | RADIOLOGY | ₹ 630.00 |
| 12 | SURGICAL TEAM FEES | ₹ 7,000.00 |
| 13 | TRANSPORT | ₹ 100.00 |
| Gross Amount | | ₹ 28,387.00 |
| Sanction Amount | | ₹ 17,600.00 |
| Discount Amount | | ₹ 10,787.00 |
| 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 | | | | | |