

### IN PATIENT SUMMARY BILL

UHID : MHK202403800      Bill No : MMH/KM/IPK202400499  
 IP No : IPK2024000491      Bill Date : 30/09/2024  
 Patient name : Mrs.GANTA VEERALAKSHMI      DOA : 23/9/2024 2:32PM  
 Age : 24 Y 0 M 27 D/Female      DOD :  
 Entity Type : Corporate  
 Entity Name : AAROGYASRI  
 Consultant Name : Dr.N. KINNERA VEENA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 100.00
2	BED CHARGES	₹ 6,750.00
3	DIET CHARGES	₹ 400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,150.00
5	EQUIPMENT	₹ 1,000.00
6	INTENSIVIST CHARGES	₹ 1,500.00
7	LABORATORY	₹ 50.00
8	MEDICAL RECORD CHARGE	₹ 150.00
9	NURSING CHARGE	₹ 3,000.00
10	OPERATION THEATRE CHARGES	₹ 2,500.00
11	PHARMACY CHARGE	₹ 7,327.00
12	PROCEDURE CHARGES	₹ 500.00
13	RADIOLOGY	₹ 400.00
14	SURGICAL TEAM FEES	₹ 7,000.00
15	TRANSPORT	₹ 100.00
		<b>₹ 32,927.00</b>
		<b>₹ 13,350.00</b>
		<b>₹ 19,577.00</b>
		<b>₹ 13,350.00</b>
		<b>₹ 0.00</b>

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					