

IN PATIENT SUMMARY BILL

UHID : MHK202403973 Bill No : MMH/KM/IPK202400502
 IP No : IPK2024000477 Bill Date : 30/09/2024
 Patient name : Child.NAGALLA. MERIVEN TEJ DOA : 18/9/2024 12:09AM
 Age : 7 Y 0 M 13 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	₹ 4,875.00
3	DIET CHARGES	₹ 600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,575.00
5	EQUIPMENT	₹ 500.00
6	MEDICAL RECORD CHARGE	₹ 150.00
7	NURSING CHARGE	₹ 3,250.00
8	OPERATION THEATRE CHARGES	₹ 6,500.00
9	PHARMACY CHARGE	₹ 4,555.00
10	RADIOLOGY	₹ 630.00
11	SURGICAL TEAM FEES	₹ 9,500.00
12	TRANSPORT	₹ 100.00

Gross Amount	₹ 34,335.00
Sanction Amount	₹ 24,640.00
Discount Amount	₹ 9,695.00
Net Payable	₹ 24,640.00
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					