

IN PATIENT SUMMARY BILL

UHID : MHK202403973

IP No : IPK2024000477

Patient name : Child.NAGALLA. MERIVEN TEJ

Age : 7 Y 0 M 13 D/Male

Consultant Name : Dr.N.SURYA PRASAD

Bill No : MMH/KM/IPK202400502

Bill Date : 30/09/2024

DOA : 18/9/2024 12:09AM

DOD :

Entity Type : Corporate

Entity Name : AAROGYASRI

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					