

IN PATIENT SUMMARY BILL

UHID : MHK202404114 Bill No : MMH/KM/IPK202400520
 IP No : IPK2024000510 Bill Date : 07/10/2024
 Patient name : Mr.NAIDANA.RAVI DOA : 30/9/2024 1:30PM
 Age : 50 Y 0 M 7 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	₹ 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	₹ 6,850.00
9	PHARMACY CHARGE	₹ 4,387.00
10	PROCEDURE CHARGES	₹ 450.00
11	RADIOLOGY	₹ 630.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 100.00
		Gross Amount
		₹ 25,867.00
		Sanction Amount
		₹ 17,600.00
		Discount Amount
		₹ 8,267.00
		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					