

IN PATIENT SUMMARY BILL

UHID : MHK202404114

IP No : IPK2024000510

Patient name : Mr.NAIDANA.RAVI

Age : 50 Y 0 M 7 D/Male

Consultant Name : Dr.N.SURYA PRASAD

Bill No : MMH/KM/IPK202400520

Bill Date : 07/10/2024

DOA : 30/9/2024 1:30PM

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	₹ 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					