

IN PATIENT SUMMARY BILL

UHID : MHK202404062 Bill No : MMH/KM/IPK202400521
 IP No : IPK2024000498 Bill Date : 07/10/2024
 Patient name : Mrs.KUMARA LALITHA DOA : 25/9/2024 1:11PM
 Age : 26 Y 0 M 12 D/Female 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	₹ 4,500.00
3	DIET CHARGES	₹ 600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,300.00
5	EQUIPMENT	₹ 500.00
6	MEDICAL RECORD CHARGE	₹ 150.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 6,850.00
9	PHARMACY CHARGE	₹ 11,736.00
10	PROCEDURE CHARGES	₹ 750.00
11	RADIOLOGY	₹ 630.00
12	SURGICAL TEAM FEES	₹ 8,000.00
13	TRANSPORT	₹ 100.00
		Gross Amount
		₹ 40,216.00
		Sanction Amount
		₹ 20,000.00
		Discount Amount
		₹ 20,216.00
		Net Payable
		₹ 20,000.00
		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					