

IN PATIENT SUMMARY BILL

UHID : MHK202401456 Bill No : MMH/KM/IPK202400536
 IP No : IPK2024000522 Bill Date : 16/10/2024
 Patient name : Master.P.MOHAN SRI MANIKANTA DOA : 3/10/2024 3:35PM
 Age : 5 Y 7 M 15 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	₹ 3,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,750.00
5	EQUIPMENT	₹ 500.00
6	MEDICAL RECORD CHARGE	₹ 150.00
7	NURSING CHARGE	₹ 2,500.00
8	OPERATION THEATRE CHARGES	₹ 6,850.00
9	PHARMACY CHARGE	₹ 2,856.00
10	PROCEDURE CHARGES	₹ 450.00
11	RADIOLOGY	₹ 630.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 100.00
		₹ 28,136.00
		₹ 10,000.00
		₹ 18,136.00
		₹ 10,000.00
		₹ 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					