

IN PATIENT SUMMARY BILL

UHID : MHK202404125 Bill No : MMH/KM/IPK202400537
 IP No : IPK2024000514 Bill Date : 16/10/2024
 Patient name : Mrs.KAMBALA.SURAMMA DOA : 1/10/2024 4:55PM
 Age : 39 Y 0 M 15 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	₹ 5,250.00
3	DIET CHARGES	₹ 700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,850.00
5	EQUIPMENT	₹ 500.00
6	MEDICAL RECORD CHARGE	₹ 150.00
7	NURSING CHARGE	₹ 3,500.00
8	OPERATION THEATRE CHARGES	₹ 6,850.00
9	PHARMACY CHARGE	₹ 4,581.00
10	PROCEDURE CHARGES	₹ 900.00
11	RADIOLOGY	₹ 630.00
12	SURGICAL TEAM FEES	₹ 7,000.00
13	TRANSPORT	₹ 100.00

Gross Amount	₹ 34,111.00
Sanction Amount	₹ 17,600.00
Discount Amount	₹ 16,511.00
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					