Out Patient Bill

Patient Name	: **Mr.MOHMMAD MAHABOOB JANIKHAN**	**Bill No**	: MMH/KM/IPK202400168
Patient Id	: **MHK202402124**	**Bill Date**	: 27/04/2024 12:50:38PM
Age/Gender	: 42 Y 0 M 9 D/Male	**Visit Report Id**	: MHK202402124-IP001
Phone Number	: 9550257984	**Payment Mode**	:
Doctor Name	: Dr.N.SURYA PRASAD	**Entity Type**	: Corporate
Visit Date	: 18/04/2024 3:13:44PM	**Entity Name**	: AAROGYASRI
Speciality	: ORTHOPEDICIAN		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	1.00	₹7,500.00	₹0.00	₹7,500.00
2	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
3	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,250.00	₹0.00	₹2,250.00
4	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
5	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
6	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	6.00	₹500.00	₹0.00	₹3,000.00
7	DIET CHARGES	6.00	₹100.00	₹0.00	₹600.00
8	PHARMACY CHARGE	1.00	₹3,731.00	₹0.00	₹3,731.00
9	MISCELLANEOUS	1.00	₹70.00	₹0.00	₹70.00
10	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
11	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
12	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	CHEST X-RAY	1.00	₹525.00	₹0.00	₹525.00
14	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹4,500.00
15	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹3,300.00
16	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹3,000.00

Total Amount	:	**₹37,406.00**
Discount Amount	:	**₹12,406.00**
Net Amount	:	**₹ 25,000.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

RAYAPUREDDI VINODKUMAR
Authorised Signature