Out Patient Bill

Patient Name	: **Mr.BUDDALA NAGU**	**Bill No**	: MMH/KM/IPK202400169
Patient Id	: **MHK202402121**	**Bill Date**	: 27/04/2024 1:00:47PM
Age/Gender	: 35 Y 0 M 9 D/Male	**Visit Report Id**	: MHK202402121-IP001
Phone Number	: 8639359893	**Payment Mode**	:
Doctor Name	: Dr.N.SURYA PRASAD	**Entity Type**	: Corporate
Visit Date	: 18/04/2024 2:53:38PM	**Entity Name**	: AAROGYASRI
Speciality	: ORTHOPEDICIAN		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
2	BLOOD TRANSFUSION	1.00	₹1,500.00	₹0.00	₹1,500.00
3	BLOOD TRANSFUSION	1.00	₹1,500.00	₹0.00	₹1,500.00
4	BLOOD TRANSFUSION	1.00	₹1,500.00	₹0.00	₹1,500.00
5	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
6	BLOOD TRANSFUSION	1.00	₹1,500.00	₹0.00	₹1,500.00
7	C-ARM MINIMUM	1.00	₹2,000.00	₹0.00	₹2,000.00
8	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	1.00	₹9,000.00	₹0.00	₹9,000.00
9	BLOOD TRANSFUSION	1.00	₹1,500.00	₹0.00	₹1,500.00
10	OT CHARGES	3.00	₹5,000.00	₹0.00	₹15,000.00
11	DIATHERMY CHARGES	2.00	₹350.00	₹0.00	₹700.00
12	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹3,000.00	₹0.00	₹3,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	PHARMACY CHARGE	1.00	₹10,227.00	₹0.00	₹10,227.00
14	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	18.00	₹500.00	₹0.00	₹9,000.00
15	MISCELLANEOUS	1.00	₹150.00	₹0.00	₹150.00
16	DIET CHARGES	18.00	₹100.00	₹0.00	₹1,800.00
17	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹13,500.00
18	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹9,900.00
19	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹9,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹91,027.00**
		Discount Amount	:		**₹59,027.00**
		Net Amount	:		**₹ 32,000.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

RAYAPUREDDI VINODKUMAR

Authorised Signature