

Out Patient Bill

Patient Name : Mrs.SANGADI BHAVANI
Patient Id : MHK202402138
Age/Gender : 33 Y 0 M 9 D/Female
Phone Number : 9849327974
Doctor Name : Dr.MANIKANTA
Visit Date : 18/04/2024 7:39:08PM
Speciality : UROLOGIST

Bill No : MMH/KM/IPK202400171
Bill Date : 27/04/2024 3:07:47PM
Visit Report Id : MHK202402138-IP001
Payment Mode :
Entity Type : Corporate
Entity Name : AAROGYASRI

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
2	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
3	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
4	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹3,000.00	₹0.00	₹3,000.00
5	OT CHARGES	1.00	₹2,500.00	₹0.00	₹2,500.00
6	PROFESSIONAL FEES(Dr.MANIKANTA)	1.00	₹10,000.00	₹0.00	₹10,000.00
7	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
8	DIET CHARGES	8.00	₹100.00	₹0.00	₹800.00
9	TRANSPORTATION CHARGES	1.00	₹50.00	₹0.00	₹50.00
10	PROFESSIONAL FEES(Dr.MANIKANTA)	4.00	₹500.00	₹0.00	₹2,000.00
11	PHARMACY CHARGE	1.00	₹9,299.00	₹0.00	₹9,299.00
12	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹4,400.00

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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	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹4,000.00
15	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
16	BED CHARGES - FEMALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹6,000.00
17	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
		Total Amount	:		₹47,004.00
		Discount Amount	:		₹8,304.00
		Net Amount	:		₹ 38,700.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

RAYAPUREDDI VINODKUMAR
Authorised Signature