

Out Patient Bill

Patient Name : Mr.SANNI.SREENUVAS RAO
Patient Id : MHK202402219
Age/Gender : 50 Y 0 M 7 D/Male
Phone Number : 9949024874
Doctor Name : Dr.N.SURYA PRASAD
Visit Date : 26/04/2024 4:11:50PM
Speciality : ORTHOPEDICIAN

Bill No : MMH/KM/IPK202400182
Bill Date : 03/05/2024 5:04:17PM
Visit Report Id : MHK202402219-IP001
Payment Mode :
Entity Type : Corporate
Entity Name : AAROGYASRI

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DRESSING CHARGE (SMALL)	1.00	₹300.00	₹0.00	₹300.00
2	TRANSPORTATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
3	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	6.00	₹500.00	₹0.00	₹3,000.00
4	PHARMACY CHARGE	1.00	₹4,209.00	₹0.00	₹4,209.00
5	DIET CHARGES	6.00	₹100.00	₹0.00	₹600.00
6	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹4,500.00
7	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
8	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹3,300.00
9	CHEST PA VIEW	1.00	₹525.00	₹0.00	₹525.00
10	HIP JOINT AP/LAT(LEFT)	1.00	₹630.00	₹0.00	₹630.00
11	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
12	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹3,000.00

Patient Name : Mr.SANNI.SREENUVAS RAO
Patient Id : MHK202402219
Age/Gender : 50 Y 0 M 7 D/Male
Phone Number : 9949024874
Doctor Name : Dr.N.SURYA PRASAD
Visit Date : 26/04/2024 4:11:50PM
Speciality : ORTHOPEDICIAN

Bill No : MMH/KM/IPK202400182
Bill Date : 03/05/2024 5:04:17PM
Visit Report Id : MHK202402219-IP001
Payment Mode :
Entity Type : Corporate
Entity Name : AAROGYASRI

S.No	Description	Qty	Unit Rate	Discount	Amount
13	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
14	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
15	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
16	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	1.00	₹5,000.00	₹0.00	₹5,000.00
17	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
18	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
19	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,000.00	₹0.00	₹2,000.00

Patient Name : Mr.SANNI.SREENUVAS RAO
Patient Id : MHK202402219
Age/Gender : 50 Y 0 M 7 D/Male
Phone Number : 9949024874
Doctor Name : Dr.N.SURYA PRASAD
Visit Date : 26/04/2024 4:11:50PM
Speciality : ORTHOPEDICIAN

Bill No : MMH/KM/IPK202400182
Bill Date : 03/05/2024 5:04:17PM
Visit Report Id : MHK202402219-IP001
Payment Mode :
Entity Type : Corporate
Entity Name : AAROGYASRI

S.No	Description	Qty	Unit Rate	Discount	Amount
	Total Amount	:			₹36,444.00
	Discount Amount	:			₹18,844.00
	Net Amount	:			₹ 17,600.00
	Amount Received	:			₹ 0.00

Received Amount : Zero Only
in Words

TRIPURARI MALLIKARJUN
Authorised Signature