

## Out Patient Bill

**Patient Name** : Mrs.GUBBALA VIJAYA DURGA  
**Patient Id** : MHK202402188  
**Age/Gender** : 33 Y 0 M 10 D/Female  
**Phone Number** : 9491294252  
**Doctor Name** : Dr.SATYANARAYANA  
**Visit Date** : 23/04/2024 3:15:49PM  
**Speciality** : NEURO SURGEON

**Bill No** : MMH/KM/IPK202400183  
**Bill Date** : 03/05/2024 5:45:22PM  
**Visit Report Id** : MHK202402188-IP001  
**Payment Mode** :  
**Entity Type** : Corporate  
**Entity Name** : AAROGYASRI

| S.No | Description                         | Qty      | Unit Rate  | Discount | Amount     |
|------|-------------------------------------|----------|------------|----------|------------|
| 1    | PROFESSIONAL FEES(Dr.SATYANARAYANA) | 4.00     | ₹500.00    | ₹0.00    | ₹2,000.00  |
| 2    | PHARMACY CHARGE                     | 1.00     | ₹18,595.00 | ₹0.00    | ₹18,595.00 |
| 3    | TRANSPORTATION CHARGES              | 1.00     | ₹100.00    | ₹0.00    | ₹100.00    |
| 4    | DIET CHARGES                        | 9.00     | ₹100.00    | ₹0.00    | ₹900.00    |
| 5    | SURGICAL PROFILE                    | 1.00     | ₹1,780.00  | ₹0.00    | ₹1,780.00  |
| 6    | DMO CHARGE - GENERAL WARD           | .50 days | ₹550.00    | ₹0.00    | ₹4,675.00  |
| 7    | ELECTROLYTES                        | 1.00     | ₹788.00    | ₹0.00    | ₹788.00    |
| 8    | NURSING CHARGE - ICU                | .00 days | ₹1,500.00  | ₹0.00    | ₹1,500.00  |
| 9    | CHEST X-RAY                         | 1.00     | ₹525.00    | ₹0.00    | ₹525.00    |
| 10   | L.S. SPINE AP & LAT                 | 1.00     | ₹630.00    | ₹0.00    | ₹630.00    |
| 11   | NURSING CHARGE - GENERAL WARD       | .50 days | ₹500.00    | ₹0.00    | ₹4,250.00  |
| 12   | L.S. SPINE AP & LAT                 | 1.00     | ₹630.00    | ₹0.00    | ₹630.00    |

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| 13   | BED CHARGES - FEMALE GENERAL WARD   | .50 days | ₹750.00    | ₹0.00    | ₹6,375.00  |
| 14   | ECG (ELECTROCARDIOGRAM) (IP)        | 1.00     | ₹400.00    | ₹0.00    | ₹400.00    |
| 15   | BED CHARGES - SICU                  | .00 days | ₹4,500.00  | ₹0.00    | ₹4,500.00  |
| 16   | REGISTRATION CHARGES                | 1.00     | ₹100.00    | ₹0.00    | ₹100.00    |
| 17   | MEDICAL RECORD CHARGE               | 1.00     | ₹150.00    | ₹0.00    | ₹150.00    |
| 18   | PROFESSIONAL FEES(Dr.SATYANARAYANA) | 1.00     | ₹12,000.00 | ₹0.00    | ₹12,000.00 |
| 19   | DIATHERMY CHARGES                   | 2.00     | ₹350.00    | ₹0.00    | ₹700.00    |
| 20   | INTENSIVIST PROFESSIONAL CHARGES    | 1.00     | ₹1,500.00  | ₹0.00    | ₹1,500.00  |
| 21   | OT CHARGES                          | 2.00     | ₹5,000.00  | ₹0.00    | ₹10,000.00 |
| 22   | C-ARM MINIMUM                       | 1.00     | ₹1,500.00  | ₹0.00    | ₹1,500.00  |
| 23   | CATHETERIZATION CHARGES             | 1.00     | ₹500.00    | ₹0.00    | ₹500.00    |
| 24   | MONITOR CHARGE 1 DAY                | 1.00     | ₹1,000.00  | ₹0.00    | ₹1,000.00  |
| 25   | PROFESSIONAL FEES(Dr.SANDEEP)       | 1.00     | ₹3,600.00  | ₹0.00    | ₹3,600.00  |

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| 26   | OXYGEN PER HOUR | 1.00 | ₹200.00   | ₹0.00    | ₹200.00 |

**Total Amount** : ₹78,898.00  
**Discount Amount** : ₹38,898.00  
**Net Amount** : ₹ 40,000.00  
**Amount Received** : ₹ 0.00

**Received Amount** : Zero Only  
**in Words**

TRIPURARI MALLIKARJUN  
**Authorised Signature**