Out Patient Bill

Patient Name	: **Mr.SHAIK LALSAHEB**	**Bill No**	: MMH/KM/IPK202400201
Patient Id	: **MHK202402271**	**Bill Date**	: 10/05/2024 2:57:14PM
Age/Gender	: 50 Y 0 M 11 D/Male	**Visit Report Id**	: MHK202402271-IP001
Phone Number	: 9505463400	**Payment Mode**	:
Doctor Name	: Dr.MANIKANTA	**Entity Type**	: Corporate
Visit Date	: 29/04/2024 3:17:36PM	**Entity Name**	: AAROGYASRI
Speciality	: UROLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MONITOR CHARGE ½ DAY	1.00	₹500.00	₹0.00	₹500.00
2	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
3	PROFESSIONAL FEES(Dr.MANIKANTA)	1.00	₹10,000.00	₹0.00	₹10,000.00
4	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
5	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
6	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹3,000.00	₹0.00	₹3,000.00
7	GRBS	2.00	₹50.00	₹0.00	₹100.00
8	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
9	PHARMACY CHARGE	1.00	₹5,349.00	₹0.00	₹5,349.00
10	CHEST X-RAY	1.00	₹525.00	₹0.00	₹525.00
11	DIET CHARGES	9.00	₹100.00	₹0.00	₹900.00
12	ULTRASOUND	1.00	₹840.00	₹0.00	₹840.00

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13	TRANSPORTATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
14	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
15	KUB	1.00	₹420.00	₹0.00	₹420.00
16	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹4,500.00
17	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹4,950.00
18	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹6,750.00
19	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
20	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹47,364.00**
		Discount Amount	:		**₹8,664.00**
		Net Amount	:		**₹ 38,700.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

RAYAPUREDDI VINODKUMAR

Authorised Signature