

Out Patient Bill

Patient Name : Mr.YEDLA.SAI BABU
Patient Id : MHK202402222
Age/Gender : 35 Y 0 M 14 D/Male
Phone Number : 7207674887
Doctor Name : Dr.MANIKANTA
Visit Date : 26/04/2024 4:26:34PM
Speciality : UROLOGIST

Bill No : MMH/KM/IPK202400204
Bill Date : 10/05/2024 3:08:09PM
Visit Report Id : MHK202402222-IP001
Payment Mode :
Entity Type : Corporate
Entity Name : AAROGYASRI

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DIET CHARGES	8.00	₹100.00	₹0.00	₹800.00
2	PHARMACY CHARGE	1.00	₹6,124.00	₹0.00	₹6,124.00
3	TRANSPORTATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
4	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
5	ULTRASOUND	1.00	₹840.00	₹0.00	₹840.00
6	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
7	CHEST PA VIEW	1.00	₹525.00	₹0.00	₹525.00
8	KUB	1.00	₹420.00	₹0.00	₹420.00
9	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹4,400.00
10	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹6,000.00
11	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹4,000.00
12	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
14	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
15	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,000.00	₹0.00	₹2,000.00
16	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
17	MONITOR CHARGE ½ DAY	1.00	₹500.00	₹0.00	₹500.00
18	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
19	PROFESSIONAL FEES(Dr.MANIKANTA)	1.00	₹8,000.00	₹0.00	₹8,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
	Total Amount	:			₹43,139.00
	Discount Amount	:			₹15,854.00
	Net Amount	:			₹ 27,285.00
	Amount Received	:			₹ 0.00

Received Amount : Zero Only
in Words

RAYAPUREDDI VINODKUMAR
Authorised Signature