

Out Patient Bill

Patient Name : Mr.CHAKKA BHASKARAO
Patient Id : MHK202402383
Age/Gender : 50 Y 0 M 9 D/Male
Phone Number : 6301150191
Doctor Name : Dr.MANIKANTA
Visit Date : 09/05/2024 8:35:27PM
Speciality : UROLOGIST

Bill No : MMH/KM/IPK202400215
Bill Date : 18/05/2024 3:00:04PM
Visit Report Id : MHK202402383-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	MONITOR CHARGE ½ DAY	1.00	₹500.00	₹0.00	₹500.00
5	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
6	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,400.00	₹0.00	₹2,400.00
7	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
8	PROFESSIONAL FEES(Dr.MANIKANTA)	1.00	₹8,000.00	₹0.00	₹8,000.00
9	DIET CHARGES	8.00	₹100.00	₹0.00	₹800.00
10	PHARMACY CHARGE	1.00	₹4,458.00	₹0.00	₹4,458.00
11	TRANSPORTATION CHARGES	1.00	₹70.00	₹0.00	₹70.00
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	SURGICAL PROFILE	1.00	₹1,780.00	₹0.00	₹1,780.00
15	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹6,000.00
16	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
17	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹4,000.00
18	KUB	1.00	₹420.00	₹0.00	₹420.00
19	ULTRASOUND	1.00	₹840.00	₹0.00	₹840.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
	Total Amount	:			₹41,843.00
	Discount Amount	:			₹14,558.00
	Net Amount	:			₹ 27,285.00
	Amount Received	:			₹ 0.00

Received Amount : Zero Only
in Words

TRIPURARI MALLIKARJUN
Authorised Signature