Out Patient Bill

Patient Name	: **Mr.JAAMI SIVADURGA**	**Bill No**	: MMH/KM/IPK202400237
Patient Id	: **MHK202402463**	**Bill Date**	: 31/05/2024 12:41:27PM
Age/Gender	: 19 Y 0 M 14 D/Male	**Visit Report Id**	: MHK202402463-IP001
Phone Number	: 9948630512	**Payment Mode**	:
Doctor Name	: Dr.N.SURYA PRASAD	**Entity Type**	: Corporate
Visit Date	: 17/05/2024 12:17:20PM	**Entity Name**	: AAROGYASRI
Speciality	: ORTHOPEDICIAN		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
2	MEDICAL RECORD CHARGE	1.00	₹150.00	₹0.00	₹150.00
3	PROFESSIONAL FEES(Dr.N.SURYA PRASAD)	1.00	₹5,000.00	₹0.00	₹5,000.00
4	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
5	PROFESSIONAL FEES(Dr.SANDEEP)	1.00	₹2,000.00	₹0.00	₹2,000.00
6	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
7	MONITOR CHARGE ½ DAY	1.00	₹500.00	₹0.00	₹500.00
8	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
9	TRANSPORTATION CHARGES	1.00	₹70.00	₹0.00	₹70.00
10	PHARMACY CHARGE	1.00	₹2,929.00	₹0.00	₹2,929.00
11	DRESSING CHARGE (SMALL)	2.00	₹300.00	₹0.00	₹600.00
12	DIET CHARGES	6.00	₹100.00	₹0.00	₹600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	ANKLE LAT LEFT	1.00	₹420.00	₹0.00	₹420.00
14	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
15	CHEST X-RAY	1.00	₹525.00	₹0.00	₹525.00
16	BED CHARGES - MALE GENERAL WARD	.00 days	₹750.00	₹0.00	₹4,500.00
17	DMO CHARGE - GENERAL WARD	.00 days	₹550.00	₹0.00	₹3,300.00
18	NURSING CHARGE - GENERAL WARD	.00 days	₹500.00	₹0.00	₹3,000.00

Total Amount	:	**₹30,944.00**
Discount Amount	:	**₹13,344.00**
Net Amount	:	**₹ 17,600.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

TRIPURARI MALLIKARJUN
Authorised Signature