Out Patient Bill

Patient Name	: **Mrs.SASI REKHA M**	**Bill No**	: MMH/MH/IP00038
Patient Id	: **MMH202371336**	**Bill Date**	: 30/11/2023 12:21:27PM
Age/Gender	: 36 Y 3 M 27 D/Female	**Visit Report Id**	: MMH202371336-IP001
Phone Number	: 9003331743	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 25/11/2023 2:27:09PM	**Entity Name**	: FUTURE GENERAL INSURAN
Speciality	: GENERAL PHYSICIAN & DIAE		
Claim No	: 13-FGH-23-3-412047,13-FGH-		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	ECHO	1.00	₹2,100.00	₹0.00	₹2,100.00
3	CAFETERIA	1.00	₹1,450.00	₹0.00	₹1,450.00
4	RENAL FUNCTION TEST	1.00	₹1,652.00	₹0.00	₹1,652.00
5	25-OH VITAMIN D3	1.00	₹2,160.00	₹0.00	₹2,160.00
6	T3 (TOTAL)	1.00	₹360.00	₹0.00	₹360.00
7	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹1,650.00	₹0.00	₹1,650.00
8	NURSING CHARGES	2.50	₹750.00	₹0.00	₹1,875.00
9	PROFESSIONAL FEES(Dr.ARUN KUMAR.I)	1.00	₹1,650.00	₹0.00	₹1,650.00
10	PHARMACY CHARGE	1.00	₹1,548.00	₹0.00	₹1,548.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
11	OTHER ADDITION	1.00	₹34,924.00	₹0.00	₹34,924.00
12	BED CHARGE - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹9,900.00
13	T4 (TOTAL)	1.00	₹360.00	₹0.00	₹360.00
14	CT SCAN-CHEST	1.00	₹3,600.00	₹0.00	₹3,600.00
15	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹4,400.00	₹0.00	₹4,400.00
16	DMO CHARGE	.00 days	₹700.00	₹0.00	₹1,400.00
17	BED CHARGES - ELITE SHARING DLX	.50 days	₹3,850.00	₹0.00	₹1,925.00
18	REGISTRATION CHARGES	1.00	₹50.00	₹0.00	₹50.00
19	CBC	1.00	₹780.00	₹0.00	₹780.00
20	DMO	0.50	₹700.00	₹0.00	₹350.00
21	TSH 3rd Generation (hs TSH)	1.00	₹864.00	₹0.00	₹864.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹73,348.00**
		Discount Amount	:		**₹1,045.00**
		Net Amount	:		**₹ 72,303.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH

Authorised Signature