Out Patient Bill

Patient Name	: **Dr.SHANTHI C T**	**Bill No**	: MMH/MH/IP00115
Patient Id	: **MMH202371749**	**Bill Date**	: 10/12/2023 7:18:30PM
Age/Gender	: 49 Y 6 M 20 D/Female	**Visit Report Id**	: MMH202371749-IP001
Phone Number	: 9841649799	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 08/12/2023 1:26:06PM	**Entity Name**	: Adhithiya Brila
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	NURSING CHARGES	2.00	₹750.00	₹0.00	₹1,500.00
2	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
3	RENAL FUNCTION TEST	1.00	₹1,652.00	₹0.00	₹1,652.00
4	DMO CHARGE	.00 days	₹700.00	₹0.00	₹1,400.00
5	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹8,400.00
6	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00
7	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
8	PHARMACY CHARGE	1.00	₹4,877.00	₹0.00	₹4,877.00
9	CBC	1.00	₹780.00	₹0.00	₹780.00
10	DIET CHARGES	1.00	₹1,960.00	₹0.00	₹1,960.00
11	OTHER ADDITION	1.00	₹1,869.00	₹0.00	₹1,869.00
12	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00

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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹25,832.00**
		Discount Amount	:		**₹4,210.00**
		Net Amount	:		**₹ 21,622.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature