Out Patient Bill

Patient Name	: **Mrs.SANTHAKUMARI S**	**Bill No**	: MMH/MH/IP00141
Patient Id	: **MMH202371786**	**Bill Date**	: 14/12/2023 6:25:51PM
Age/Gender	: 71 Y 10 M 28 D/Female	**Visit Report Id**	: MMH202371786-IP001
Phone Number	: 9790734358	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 09/12/2023 11:07:50AM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBG. (Capillary Blood Glucose)	3.00	₹120.00	₹0.00	₹360.00
2	DIET CHARGES	6.00	₹800.00	₹0.00	₹4,800.00
3	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
4	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
5	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
6	TSH 3rd Generation (hs TSH)	1.00	₹900.00	₹0.00	₹900.00
7	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
8	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
9	S.G.P.T. (ALT)	1.00	₹225.00	₹0.00	₹225.00
10	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
11	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
12	BIPAP CHARGE	2.00	₹3,500.00	₹0.00	₹7,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
14	CBG. (Capillary Blood Glucose)	1.00	₹120.00	₹0.00	₹120.00
15	PROFESSIONAL FEES(Dr.SALAI SUDHAN)	1.00	₹2,000.00	₹0.00	₹2,000.00
16	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
17	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
18	DMO	3.00	₹700.00	₹0.00	₹2,100.00
19	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
20	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
21	PHARMACY CHARGE	1.00	₹57,843.00	₹0.00	₹57,843.00
22	PERIPHERAL SMEAR	1.00	₹750.00	₹0.00	₹750.00
23	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
24	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00

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25	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹750.00	₹0.00	₹750.00
26	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹11,000.00	₹0.00	₹11,000.00
27	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00
28	T4 (FREE)	1.00	₹630.00	₹0.00	₹630.00
29	BED CHARGE - ICU	.00 days	₹7,500.00	₹0.00	₹22,500.00
30	NURSING CHARGES	3.00	₹750.00	₹0.00	₹2,250.00
31	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
32	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
33	OXYGEN CHARGE 1 DAY	1.00	₹3,000.00	₹0.00	₹3,000.00
34	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
35	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

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36	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
37	CBG. (Capillary Blood Glucose)	2.00	₹150.00	₹0.00	₹300.00
38	HbA1c	1.00	₹938.00	₹0.00	₹938.00
39	BED CHARGES - EMERGENCY ROOM	.00 days	₹1,100.00	₹0.00	₹0.00
40	MONITOR CHARGE 1 DAY	3.00	₹1,000.00	₹0.00	₹3,000.00
41	S.G.O.T. (AST)	1.00	₹225.00	₹0.00	₹225.00
42	SYRINGE PUMP CHARGE	3.00	₹1,000.00	₹0.00	₹3,000.00
43	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
44	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
45	CT SCREENING - SINGLE PART	1.00	₹2,000.00	₹0.00	₹2,000.00
46	CAFETERIA	1.00	₹650.00	₹0.00	₹650.00
47	CBG. (Capillary Blood Glucose)	4.00	₹120.00	₹0.00	₹480.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
48	CBC	1.00	₹813.00	₹0.00	₹813.00
49	CT ABDOMEN - IP	1.00	₹6,000.00	₹0.00	₹6,000.00
50	CREATININE	1.00	₹250.00	₹0.00	₹250.00
51	PROFESSIONAL FEES(Dr.INDRANIL BANERJEE)	1.00	₹2,000.00	₹0.00	₹2,000.00
52	S.G.P.T. (ALT)	1.00	₹225.00	₹0.00	₹225.00
53	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
54	S.G.O.T. (AST)	1.00	₹225.00	₹0.00	₹225.00
55	DENGUE NS1 ELFA	1.00	₹1,800.00	₹0.00	₹1,800.00
56	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
57	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
58	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00

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59	BED CHARGES - EMERGENCY ROOM	.00 days	₹1,100.00	₹0.00	₹3,300.00
60	UREA	1.00	₹250.00	₹0.00	₹250.00
61	H1N1-INFLUENZA	1.00	₹6,000.00	₹0.00	₹6,000.00
62	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
63	OTHER ADDITION	1.00	₹11,111.00	₹0.00	₹11,111.00
64	CBG. (Capillary Blood Glucose)	1.00	₹120.00	₹0.00	₹120.00
65	ECHO	1.00	₹1,750.00	₹0.00	₹1,750.00
66	CBG. (Capillary Blood Glucose)	2.00	₹120.00	₹0.00	₹240.00
67	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
68	CT CHEST - IP	1.00	₹5,500.00	₹0.00	₹5,500.00
69	INTENSIVIST PROFESSIONAL CHARGES	3.00	₹3,000.00	₹0.00	₹9,000.00

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70	PROFESSIONAL FEES(Dr.SURESH KUMAR (I D))	1.00	₹2,750.00	₹0.00	₹2,750.00
71	NT- pro BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
72	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
73	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
74	NEBULIZER CHARGE	3.00	₹250.00	₹0.00	₹750.00
75	T3 (FREE)	1.00	₹525.00	₹0.00	₹525.00
76	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
77	NURSING CHARGE - ICU	3.00	₹2,000.00	₹0.00	₹6,000.00
78	C.R.P. (C-Reactive Protein)	1.00	₹750.00	₹0.00	₹750.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹208,020.00**
		Discount Amount	:		**₹11,819.00**
		Net Amount	:		**₹ 196,201.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

RAVI

Authorised Signature