Out Patient Bill

Patient Name	: **Mr.GOPAL REDDY M**	**Bill No**	: MMH/MH/IP00154
Patient Id	: **MMH202371705**	**Bill Date**	: 16/12/2023 3:56:53PM
Age/Gender	: 75 Y 5 M 0 D/Male	**Visit Report Id**	: MMH202371705-IP001
Phone Number	: 7893651069	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 07/12/2023 1:56:05PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
2	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
3	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
4	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
5	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
6	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
7	SODIUM (NA +)	1.00	₹263.00	₹0.00	₹263.00
8	UREA	1.00	₹250.00	₹0.00	₹250.00
9	NURSING CHARGE - ICU	4.00	₹2,000.00	₹0.00	₹8,000.00
10	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
11	INFUSION PUMP CHARGE 1 DAY	5.00	₹2,000.00	₹0.00	₹10,000.00
12	AMBULANCE CHARGES	1.00	₹800.00	₹0.00	₹800.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	CREATININE	1.00	₹250.00	₹0.00	₹250.00
14	PHYSIOTHERAPHY CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
15	MONITOR CHARGE 1 DAY	4.00	₹2,000.00	₹0.00	₹8,000.00
16	UREA	1.00	₹250.00	₹0.00	₹250.00
17	PHYSIOTHERAPHY CHARGES	1.00	₹500.00	₹0.00	₹500.00
18	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00
19	CT SCREENING - SINGLE PART	1.00	₹2,000.00	₹0.00	₹2,000.00
20	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
21	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
22	CREATININE	1.00	₹250.00	₹0.00	₹250.00
23	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
24	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
25	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	INTENSIVIST PROFESSIONAL CHARGES	4.00	₹3,000.00	₹0.00	₹12,000.00
27	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
28	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
29	NURSING CHARGES	2.00	₹750.00	₹0.00	₹1,500.00
30	BED CHARGE - ICU	.00 days	₹7,500.00	₹0.00	₹30,000.00
31	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹6,000.00	₹0.00	₹6,000.00
32	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
33	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
34	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
35	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
36	CBC	1.00	₹813.00	₹0.00	₹813.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
37	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
38	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
39	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
40	ECHO	1.00	₹1,750.00	₹0.00	₹1,750.00
41	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
42	CBG. (Capillary Blood Glucose)	2.00	₹150.00	₹0.00	₹300.00
43	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
44	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
45	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹6,000.00	₹0.00	₹6,000.00
46	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
47	ABG BLOOD GAS	2.00	₹900.00	₹0.00	₹1,800.00
48	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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49	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
50	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
51	BED CHARGES - GENERAL WARD	.00 days	₹1,100.00	₹0.00	₹2,200.00
52	ALPHA BED	4.00	₹400.00	₹0.00	₹1,600.00
53	SODIUM (NA +)	1.00	₹263.00	₹0.00	₹263.00
54	DMO CHARGE	.00 days	₹700.00	₹0.00	₹1,400.00
55	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹115,043.00**
		Discount Amount	:		**₹15,880.00**
		Net Amount	:		**₹ 99,163.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Ninety-Nine Thousand One Hundred Sixty-Three Only**

DINESH

Authorised Signature