Out Patient Bill

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
2	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
3	CBC	1.00	₹976.00	₹0.00	₹976.00
4	GRAM STAIN	1.00	₹360.00	₹0.00	₹360.00
5	RHEUMATOID FACTOR	1.00	₹1,080.00	₹0.00	₹1,080.00
6	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
7	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
8	SCD CHARGE (DVT)	9.50	₹1,500.00	₹0.00	₹14,250.00
9	CREATININE	1.00	₹300.00	₹0.00	₹300.00
10	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
11	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
12	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

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Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
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S.No	Description	Qty	Unit Rate	Discount	Amount
13	FERRITIN	1.00	₹1,500.00	₹0.00	₹1,500.00
14	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
15	UREA	1.00	₹300.00	₹0.00	₹300.00
16	aPTT	1.00	₹750.00	₹0.00	₹750.00
17	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
18	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
19	SEROLOGY (HIV, HBSAG, HCV) CLIA	1.00	₹5,040.00	₹0.00	₹5,040.00
20	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
21	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
22	BRONCHIAL WASH AFB C/S	1.00	₹1,350.00	₹0.00	₹1,350.00
23	UREA	1.00	₹300.00	₹0.00	₹300.00
24	VENTILATOR CHARGE 1 DAY	2.50	₹10,000.00	₹0.00	₹25,000.00

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Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
25	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
26	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
27	CK (CPK - TOTAL)	1.00	₹900.00	₹0.00	₹900.00
28	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
29	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
30	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
31	aPTT	1.00	₹750.00	₹0.00	₹750.00
32	PROTEINS (CSF)	1.00	₹360.00	₹0.00	₹360.00
33	ANA (ANTI NUCLEAR ANTIBODY)	1.00	₹1,890.00	₹0.00	₹1,890.00
34	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
35	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
36	BRAIN-MRI	1.00	₹9,000.00	₹0.00	₹9,000.00
37	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
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Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
38	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
39	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
40	UREA	1.00	₹300.00	₹0.00	₹300.00
41	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
42	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
43	aPTT	1.00	₹750.00	₹0.00	₹750.00
44	CBC	1.00	₹976.00	₹0.00	₹976.00
45	CLOTTING TIME	1.00	₹180.00	₹0.00	₹180.00
46	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
47	CALCIUM	1.00	₹360.00	₹0.00	₹360.00
48	SPOT PROTEIN / CREATININE RATIO	1.00	₹900.00	₹0.00	₹900.00
49	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
50	CULTURE & SENSITIVITY	1.00	₹1,050.00	₹0.00	₹1,050.00

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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
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S.No	Description	Qty	Unit Rate	Discount	Amount
51	BRONCHIAL WASH FOR CYTOLOGY	1.00	₹1,800.00	₹0.00	₹1,800.00
52	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
53	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
54	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
55	aPTT	1.00	₹750.00	₹0.00	₹750.00
56	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
57	PET CT SCAN WHOLE BODY	1.00	₹28,800.00	₹0.00	₹28,800.00
58	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
59	CHIKUNGUNYA (REAL TIME PCR)	1.00	₹8,430.00	₹0.00	₹8,430.00
60	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
61	HSV 1 & 2 DNA PCR (Qualitative	1.00	₹6,300.00	₹0.00	₹6,300.00
62	S.G.O.T. (AST)	1.00	₹270.00	₹0.00	₹270.00
63	UREA	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
64	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
65	OXYGEN CHARGE 1 DAY	8.00	₹3,000.00	₹0.00	₹24,000.00
66	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
67	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
68	S.G.P.T. (ALT)	1.00	₹270.00	₹0.00	₹270.00
69	AUTOIMMUNE ENCEPHALITIS PANEL-CSF	1.00	₹55,800.00	₹0.00	₹55,800.00
70	LDH	1.00	₹900.00	₹0.00	₹900.00
71	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
72	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
73	CREATININE	1.00	₹300.00	₹0.00	₹300.00
74	CK (CPK - TOTAL)	1.00	₹900.00	₹0.00	₹900.00
75	ABG BLOOD GAS	2.00	₹1,080.00	₹0.00	₹2,160.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
76	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
77	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
78	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
79	BRONCHIAL WASH FUNGAL C/S	1.00	₹1,350.00	₹0.00	₹1,350.00
80	CREATININE	1.00	₹300.00	₹0.00	₹300.00
81	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
82	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
83	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
84	CREATININE	1.00	₹300.00	₹0.00	₹300.00
85	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
86	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
87	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
88	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
89	CELL COUNT(CSF)	1.00	₹270.00	₹0.00	₹270.00
90	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
91	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
92	UREA	1.00	₹300.00	₹0.00	₹300.00
93	NURSING CHARGE - ICU	13.00	₹2,000.00	₹0.00	₹26,000.00
94	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
95	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
96	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
97	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
98	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
99	CBG. (Capillary Blood Glucose)	4.00	₹180.00	₹0.00	₹720.00
100	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
101	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
102	BLOOD GROUP & Rh TYPE (CORD BLOOD	1.00	₹76.00	₹0.00	₹76.00
103	CREATININE	1.00	₹300.00	₹0.00	₹300.00
104	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
105	EEG	1.00	₹5,400.00	₹0.00	₹5,400.00
106	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
107	BONE MARROW ASPIRATION CYTOLOGY	1.00	₹2,250.00	₹0.00	₹2,250.00
108	ASPERGILLUS GALACTOMANAN	1.00	₹12,376.00	₹0.00	₹12,376.00
109	Brucella-igM antibody	1.00	₹2,070.00	₹0.00	₹2,070.00
110	BRONCHOSCOPY	1.00	₹4,800.00	₹0.00	₹4,800.00
111	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
112	MYOGLOBIN(Urine Qualitative)	1.00	₹1,890.00	₹0.00	₹1,890.00
113	FENTANYL	10.00	₹200.00	₹0.00	₹2,000.00
114	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
115	BED CHARGE - ICU	.00 days	₹7,500.00	₹0.00	₹97,500.00
116	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
117	DENGUE IG M ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
118	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
119	P - ANCA (MPO - MYELOPEROXIDASE)	1.00	₹2,160.00	₹0.00	₹2,160.00
120	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
121	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
122	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
123	MONITOR CHARGE 1 DAY	13.00	₹1,000.00	₹0.00	₹13,000.00

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124	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
125	SYRINGE PUMP CHARGE	17.00	₹1,000.00	₹0.00	₹17,000.00
126	S.G.O.T. (AST)	1.00	₹270.00	₹0.00	₹270.00
127	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
128	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
129	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
130	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
131	UREA	1.00	₹300.00	₹0.00	₹300.00
132	AMMONIA	1.00	₹1,710.00	₹0.00	₹1,710.00
133	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
134	C.R.P. (C-Reactive Protein)	1.00	₹900.00	₹0.00	₹900.00
135	UREA	1.00	₹300.00	₹0.00	₹300.00
136	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
137	BRONCHIAL WASH CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
138	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
139	FENTANYL	6.00	₹200.00	₹0.00	₹1,200.00
140	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
141	STOOL - OCCULT BLOOD	1.00	₹360.00	₹0.00	₹360.00
142	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
143	BONE MARROW BIOPSY PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
144	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
145	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
146	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
147	CULTURE and SENSITIVITY	1.00	₹1,260.00	₹0.00	₹1,260.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
148	ds DNA	1.00	₹2,520.00	₹0.00	₹2,520.00
149	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
150	CREATININE	1.00	₹300.00	₹0.00	₹300.00
151	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
152	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
153	CBG. (Capillary Blood Glucose)	5.00	₹180.00	₹0.00	₹900.00
154	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
155	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
156	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
157	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
158	CREATININE	1.00	₹300.00	₹0.00	₹300.00
159	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
160	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
161	MP TEST by QBC	1.00	₹540.00	₹0.00	₹540.00
162	ESR	1.00	₹300.00	₹0.00	₹300.00
163	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
164	INTERLEUKIN 6	1.00	₹4,500.00	₹0.00	₹4,500.00
165	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
166	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
167	PNEUMONIA PANEL BY FILM ARRAY (LOWER RESPIRATORY P	1.00	₹51,000.00	₹0.00	₹51,000.00
168	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
169	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
170	UREA	1.00	₹300.00	₹0.00	₹300.00
171	ARTERIAL LINE PROCEDURE	1.00	₹2,625.00	₹0.00	₹2,625.00
172	CBC	1.00	₹976.00	₹0.00	₹976.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
173	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
174	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
175	GLUCOSE(CSF)	1.00	₹226.00	₹0.00	₹226.00
176	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
177	S.G.P.T. (ALT)	1.00	₹270.00	₹0.00	₹270.00
178	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
179	INTENSIVIST PROFESSIONAL CHARGES	13.00	₹3,000.00	₹0.00	₹39,000.00
180	LUMBAR PUNCTURE	1.00	₹750.00	₹0.00	₹750.00
181	UREA	1.00	₹300.00	₹0.00	₹300.00
182	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
183	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
184	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
185	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
186	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
187	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
188	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
189	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
190	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
191	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
192	ABG BLOOD GAS	2.00	₹1,080.00	₹0.00	₹2,160.00
193	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
194	ABG BLOOD GAS	3.00	₹1,080.00	₹0.00	₹3,240.00
195	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
196	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
197	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
198	MYOGLOBIN	1.00	₹3,420.00	₹0.00	₹3,420.00
199	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
200	ENDOSCOPY INSTRUMENT CHARGE	1.00	₹1,800.00	₹0.00	₹1,800.00
201	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
202	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
203	RAPID ANTIGEN FOR COVID IP	1.00	₹1,800.00	₹0.00	₹1,800.00
204	CK (CPK - TOTAL)	1.00	₹900.00	₹0.00	₹900.00
205	C-ANCA (PR3 - PROTEINASE3)	1.00	₹2,160.00	₹0.00	₹2,160.00
206	CREATININE	1.00	₹300.00	₹0.00	₹300.00
207	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
208	CBG. (Capillary Blood Glucose)	4.00	₹180.00	₹0.00	₹720.00
209	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
210	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
211	ALPHA BED	12.00	₹400.00	₹0.00	₹4,800.00
212	CREATININE	1.00	₹300.00	₹0.00	₹300.00
213	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
214	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
215	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
216	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
217	BLEEDING TIME	1.00	₹180.00	₹0.00	₹180.00
218	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
219	UREA	1.00	₹300.00	₹0.00	₹300.00
220	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
221	CREATININE	1.00	₹300.00	₹0.00	₹300.00
222	HPE - 1	1.00	₹2,250.00	₹0.00	₹2,250.00
223	GENEXPERT MTB/RIF	1.00	₹6,750.00	₹0.00	₹6,750.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
224	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
225	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
226	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
227	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
228	PRBC WITHOUT DONOR	2.00	₹2,550.00	₹0.00	₹5,100.00
229	BRONCHOSCOPY	1.00	₹4,800.00	₹0.00	₹4,800.00
230	PHARMACY CHARGE	1.00	₹348,189.00	₹0.00	₹348,189.0
231	PROFESSIONAL FEES(Dr.ELAKIYA MATHIMARAN)	1.00	₹5,500.00	₹0.00	₹5,500.00
232	PROFESSIONAL FEES(Dr.ASWIN S KRISHNA)	1.00	₹2,200.00	₹0.00	₹2,200.00
233	PROFESSIONAL FEES(Dr.ARUN RAMANAN)	1.00	₹5,500.00	₹0.00	₹5,500.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
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Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
234	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹24,750.00	₹0.00	₹24,750.00
235	PROFESSIONAL FEES(Dr.KIRTHIKA.N)	1.00	₹1,650.00	₹0.00	₹1,650.00
236	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹3,300.00	₹0.00	₹3,300.00
237	PROFESSIONAL FEES(Dr.HARISH)	1.00	₹4,400.00	₹0.00	₹4,400.00
238	PROFESSIONAL FEES(Dr.ANANTH.V)	1.00	₹3,300.00	₹0.00	₹3,300.00

Patient Name	: **Mr.MUTHAIH K M**	**Bill No**	: MMH/MH/IP202400045
Patient Id	: **MMH202372421**	**Bill Date**	: 07/01/2024 10:37:34PM
Age/Gender	: 57 Y 10 M 5 D/Male	**Visit Report Id**	: MMH202372421-IP001
Phone Number	: 9042534577	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/12/2023 11:31:29PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: RAKSHA TPA
Claim No	: 54522324676021		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹1,063,826.00**
		Discount Amount	:		**₹45,897.00**
		Net Amount	:		**₹ 1,017,929.00**
		Amount Received	:		**₹ 13,205.00**

Received Amount in Words : **One Hundred Forty-Three Thousand Two Hundred Five Only**

DINESH
Authorised Signature