Out Patient Bill

Patient Name	: **Mrs.PICHAI P**	**Bill No**	: MMH/MH/IP202400051
Patient Id	: **MMH202400039**	**Bill Date**	: 08/01/2024 8:06:30PM
Age/Gender	: 63 Y 0 M 7 D/Female	**Visit Report Id**	: MMH202400039-IP001
Phone Number	: 9842495347	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 02/01/2024 1:05:10PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: DIABETOLOGY		
Claim No	: 16-FGH-23-3-435756-01		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RIGHT LOWER LIMB VENOUS	1.00	₹2,400.00	₹0.00	₹2,400.00
2	LIVER FUNCTION TEST	1.00	₹1,056.00	₹0.00	₹1,056.00
3	S.G.P.T. (ALT)	1.00	₹238.00	₹0.00	₹238.00
4	PROFESSIONAL FEES(Dr.Dr.T.PALANIAPPAN)	1.00	₹8,800.00	₹0.00	₹8,800.00
5	CBC	1.00	₹858.00	₹0.00	₹858.00
6	PLATELET COUNT	1.00	₹396.00	₹0.00	₹396.00
7	OTHER ADDITION	1.00	₹20,145.00	₹0.00	₹20,145.00
8	S.G.P.T. (ALT)	1.00	₹238.00	₹0.00	₹238.00
9	CBG. (Capillary Blood Glucose)	1.00	₹158.00	₹0.00	₹158.00
10	CHIKUNGUNYA (REAL TIME PCR)	1.00	₹7,418.00	₹0.00	₹7,418.00
11	LEFT LOWER LIMB VENOUS	1.00	₹3,000.00	₹0.00	₹3,000.00

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12	PLATELET COUNT	1.00	₹396.00	₹0.00	₹396.00
13	PLATELET COUNT	1.00	₹396.00	₹0.00	₹396.00
14	DENGUE IG M ELFA	1.00	₹1,267.00	₹0.00	₹1,267.00
15	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
16	BLOOD C/S	1.00	₹1,742.00	₹0.00	₹1,742.00
17	WIDAL SLIDE	1.00	₹475.00	₹0.00	₹475.00
18	NURSING CHARGES	3.00	₹750.00	₹0.00	₹2,250.00
19	BLOOD C/S	1.00	₹1,742.00	₹0.00	₹1,742.00
20	S.G.O.T. (AST)	1.00	₹238.00	₹0.00	₹238.00
21	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹792.00	₹0.00	₹792.00
22	S.G.O.T. (AST)	1.00	₹238.00	₹0.00	₹238.00
23	URINE CULTURE & SENSITIVITY	1.00	₹1,188.00	₹0.00	₹1,188.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
24	PROFESSIONAL FEES(Dr.ABIRAMI S)	1.00	₹1,100.00	₹0.00	₹1,100.00
25	HbA1c	1.00	₹990.00	₹0.00	₹990.00
26	PROFESSIONAL FEES(Dr.SURESH KUMAR (I D))	1.00	₹5,500.00	₹0.00	₹5,500.00
27	C.R.P. (C-Reactive Protein)	1.00	₹792.00	₹0.00	₹792.00
28	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
29	ESR	1.00	₹264.00	₹0.00	₹264.00
30	DMO CHARGE	.00 days	₹700.00	₹0.00	₹2,100.00
31	DENGUE NS1 ELFA	1.00	₹1,901.00	₹0.00	₹1,901.00
32	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
33	RENAL FUNCTION TEST	1.00	₹1,940.00	₹0.00	₹1,940.00
34	USG ABDOMEN SCAN	1.00	₹1,500.00	₹0.00	₹1,500.00
35	BED CHARGES - TWIN SHARING	.00 days	₹2,750.00	₹0.00	₹8,250.00

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36	URINE ROUTINE ANALYSIS	1.00	₹238.00	₹0.00	₹238.00
37	PHARMACY CHARGE	1.00	₹10,441.00	₹0.00	₹10,441.00

Total Amount	:	**₹93,277.00**
Discount Amount	:	**₹1,255.00**
Net Amount	:	**₹ 92,022.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature