Out Patient Bill

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CREATININE	1.00	₹300.00	₹0.00	₹300.00
2	CREATININE	1.00	₹300.00	₹0.00	₹300.00
3	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
4	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
5	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
6	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
7	UREA	1.00	₹300.00	₹0.00	₹300.00
8	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
9	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
10	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
11	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
12	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
14	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
15	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
16	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
17	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
18	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
19	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
20	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
21	HbA1c	1.00	₹1,126.00	₹0.00	₹1,126.00
22	UREA	1.00	₹300.00	₹0.00	₹300.00
23	UREA	1.00	₹300.00	₹0.00	₹300.00
24	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
25	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	GRAM S STAIN (CSF)	1.00	₹990.00	₹0.00	₹990.00
27	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
28	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
29	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹44,000.00	₹0.00	₹44,000.00
30	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹5,500.00	₹0.00	₹5,500.00
31	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
32	CREATININE	1.00	₹300.00	₹0.00	₹300.00
33	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
34	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
35	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
36	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
37	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
38	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
39	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
40	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
41	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
42	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
43	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
44	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
45	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
46	LUMBAR PUNCTURE	1.00	₹1,500.00	₹0.00	₹1,500.00
47	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
48	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
49	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
50	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
51	CELL COUNT(CSF)	1.00	₹270.00	₹0.00	₹270.00
52	UREA	1.00	₹300.00	₹0.00	₹300.00
53	UREA	1.00	₹300.00	₹0.00	₹300.00
54	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
55	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
56	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
57	CREATININE	1.00	₹252.00	₹0.00	₹252.00
58	CREATININE	1.00	₹300.00	₹0.00	₹300.00
59	CREATININE	1.00	₹300.00	₹0.00	₹300.00
60	PROFESSIONAL FEES(Dr.ANISH)	1.00	₹2,000.00	₹0.00	₹2,000.00
61	BED CHARGE - ICU	.00 days	₹7,500.00	₹0.00	₹135,000.0
62	CREATININE	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
63	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
64	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
65	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
66	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
67	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
68	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
69	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
70	CULTURE & SENSITIVITY	1.00	₹1,050.00	₹0.00	₹1,050.00
71	NURSING CHARGE - ICU	18.00	₹2,000.00	₹0.00	₹36,000.00
72	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
73	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
74	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
75	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
76	INTENSIVIST PROFESSIONAL CHARGES	18.00	₹3,000.00	₹0.00	₹54,000.00
77	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
78	UREA	1.00	₹252.00	₹0.00	₹252.00
79	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
80	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
81	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
82	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
83	UREA	1.00	₹300.00	₹0.00	₹300.00
84	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
85	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
86	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
87	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
88	CREATININE	1.00	₹300.00	₹0.00	₹300.00
89	CBC	1.00	₹976.00	₹0.00	₹976.00
90	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹13,750.00	₹0.00	₹13,750.00
91	DMO CHARGE	.00 days	₹700.00	₹0.00	₹2,100.00
92	CREATININE	1.00	₹300.00	₹0.00	₹300.00
93	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
94	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
95	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
96	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
97	PHYSIOTHERAPHY CHARGES	1.00	₹500.00	₹0.00	₹500.00
98	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
99	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
100	CULTURE & SENSITIVITY	1.00	₹1,050.00	₹0.00	₹1,050.00
101	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
102	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
103	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
104	CT SCREENING - SINGLE PART	1.00	₹2,400.00	₹0.00	₹2,400.00
105	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
106	SCD CHARGE (DVT)	9.00	₹1,500.00	₹0.00	₹13,500.00
107	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
108	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
109	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
110	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
111	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
112	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
113	UREA	1.00	₹300.00	₹0.00	₹300.00
114	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
115	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
116	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
117	TRACHEOSTOMY PROCEDURE	1.00	₹15,000.00	₹0.00	₹15,000.00
118	CREATININE	1.00	₹300.00	₹0.00	₹300.00
119	PROTEINS (CSF)	1.00	₹360.00	₹0.00	₹360.00
120	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹1,650.00	₹0.00	₹1,650.00
121	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
122	CREATININE	1.00	₹300.00	₹0.00	₹300.00
123	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
124	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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125	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
126	OXYGEN CHARGE 1 DAY	10.00	₹3,000.00	₹0.00	₹30,000.00
127	aPTT	1.00	₹750.00	₹0.00	₹750.00
128	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
129	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
130	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
131	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
132	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
133	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
134	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
135	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
136	VENTILATOR CHARGE 1 DAY	8.00	₹10,000.00	₹0.00	₹80,000.00
137	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00

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138	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
139	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
140	MAGNESIUM	1.00	₹1,050.00	₹0.00	₹1,050.00
141	HAEMOGLOBIN	1.00	₹252.00	₹0.00	₹252.00
142	UREA	1.00	₹300.00	₹0.00	₹300.00
143	UREA	1.00	₹300.00	₹0.00	₹300.00
144	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
145	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
146	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
147	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
148	CREATININE	1.00	₹300.00	₹0.00	₹300.00
149	PHARMACY CHARGE	1.00	₹330,885.00	₹0.00	₹330,885.0

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S.No	Description	Qty	Unit Rate	Discount	Amount
150	PROFESSIONAL FEES(Dr.KARTHIK SABAPATHI)	1.00	₹1,650.00	₹0.00	₹1,650.00
151	MONITOR CHARGE 1 DAY	18.00	₹1,000.00	₹0.00	₹18,000.00
152	CREATININE	1.00	₹300.00	₹0.00	₹300.00
153	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
154	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
155	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
156	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
157	aPTT	1.00	₹750.00	₹0.00	₹750.00
158	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
159	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
160	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
161	BLOOD GROUP & Rh TYPE (CORD BLOOD	1.00	₹76.00	₹0.00	₹76.00
162	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
163	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
164	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
165	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
166	SYRINGE PUMP CHARGE	8.00	₹1,000.00	₹0.00	₹8,000.00
167	GLUCOSE(CSF)	1.00	₹226.00	₹0.00	₹226.00
168	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
169	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
170	POTASSIUM (k +)	1.00	₹316.00	₹0.00	₹316.00
171	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
172	UREA	1.00	₹300.00	₹0.00	₹300.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
173	UREA	1.00	₹300.00	₹0.00	₹300.00
174	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
175	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
176	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
177	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
178	NURSING CHARGES	3.00	₹750.00	₹0.00	₹2,250.00
179	PROFESSIONAL FEES(Dr.SHIVA KUMAR D)	1.00	₹2,200.00	₹0.00	₹2,200.00
180	PROFESSIONAL FEES(Dr.KIRTHIKA.N)	1.00	₹7,150.00	₹0.00	₹7,150.00
181	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
182	CREATININE	1.00	₹300.00	₹0.00	₹300.00
183	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
184	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
185	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
186	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
187	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
188	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
189	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
190	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
191	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
192	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
193	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
194	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
195	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
196	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
197	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
198	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
199	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
200	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
201	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
202	UREA	1.00	₹300.00	₹0.00	₹300.00
203	ECHO	1.00	₹2,100.00	₹0.00	₹2,100.00
204	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
205	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
206	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
207	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
208	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
209	PROFESSIONAL FEES(Dr.ANANTH.V)	1.00	₹3,300.00	₹0.00	₹3,300.00
210	OTHER ADDITION	1.00	₹221,538.00	₹0.00	₹221,538.0
211	BED CHARGES - GENERAL WARD	.00 days	₹1,100.00	₹0.00	₹3,300.00
212	CREATININE	1.00	₹300.00	₹0.00	₹300.00
213	RENAL FUNCTION TEST	1.00	₹1,764.00	₹0.00	₹1,764.00
214	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
215	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
216	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
217	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
218	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
219	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
220	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
221	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
222	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
223	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
224	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
225	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
226	ALPHA BED	19.00	₹400.00	₹0.00	₹7,600.00
227	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
228	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
229	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
230	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
231	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
232	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
233	UREA	1.00	₹300.00	₹0.00	₹300.00
234	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
235	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
236	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
237	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
238	CREATININE	1.00	₹300.00	₹0.00	₹300.00
239	CBC	1.00	₹976.00	₹0.00	₹976.00
240	PROFESSIONAL FEES(Dr.ARAVIND. S.S)	1.00	₹2,200.00	₹0.00	₹2,200.00

Patient Name	: **Mr.MURUGESAN V**	**Bill No**	: MMH/MH/IP202400085
Patient Id	: **MMH202372232**	**Bill Date**	: 11/01/2024 2:05:39PM
Age/Gender	: 59 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202372232-IP001
Phone Number	: 8190021625	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 19/12/2023 1:19:49PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: FUTURE GENERAL INSURANC

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹1,197,003.00**
		Discount Amount	:		**₹97,003.00**
		Net Amount	:		**₹ 1,100,000.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH

Authorised Signature