Out Patient Bill

Patient Name	: **Mr.IRUDHAYARAJ S**	**Bill No**	: MMH/MH/IP202400165
Patient Id	: **MHI202481887**	**Bill Date**	: 24/01/2024 2:28:52PM
Age/Gender	: 48 Y 8 M 22 D/Male	**Visit Report Id**	: MHI202481887-IP001
Phone Number	: 9940388736	**Payment Mode**	: CHEQUE,UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 20/01/2024 2:01:43PM	**Entity Name**	: CASH
Speciality	: DIABETOLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00
2	SYRINGE PUMP CHARGE	2.00	₹2,500.00	₹0.00	₹5,000.00
3	PORTAL VENOUS SYSTEM	1.00	₹7,500.00	₹0.00	₹7,500.00
4	CBG. (Capillary Blood Glucose)	3.00	₹150.00	₹0.00	₹450.00
5	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00
6	CREATININE	1.00	₹250.00	₹0.00	₹250.00
7	CBG. (Capillary Blood Glucose)	4.00	₹150.00	₹0.00	₹600.00
8	FOLIC ACID	1.00	₹1,650.00	₹0.00	₹1,650.00
9	VITAMIN B 12	1.00	₹1,500.00	₹0.00	₹1,500.00
10	ANTI HCV (Elisa)	1.00	₹1,800.00	₹0.00	₹1,800.00
11	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
12	CBG. (Capillary Blood Glucose)	8.00	₹150.00	₹0.00	₹1,200.00

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13	ANTI HCV (Elisa)	1.00	₹1,800.00	₹0.00	₹1,800.00
14	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
15	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹750.00	₹0.00	₹750.00
16	aPTT	1.00	₹625.00	₹0.00	₹625.00
17	HBsAg (Elisa)	1.00	₹1,500.00	₹0.00	₹1,500.00
18	TROPONIN T (Quantitative)	1.00	₹1,875.00	₹0.00	₹1,875.00
19	MONITOR CHARGE 1 DAY	4.00	₹2,000.00	₹0.00	₹8,000.00
20	CBC	1.00	₹813.00	₹0.00	₹813.00
21	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
22	TROP I (QUANTITATIVE)	1.00	₹4,050.00	₹0.00	₹4,050.00
23	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,500.00	₹0.00	₹2,500.00

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24	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
25	UREA	1.00	₹250.00	₹0.00	₹250.00
26	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
27	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
28	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹750.00	₹0.00	₹750.00
29	PERIPHERAL SMEAR	1.00	₹750.00	₹0.00	₹750.00
30	NURSING CHARGE - ICU	4.00	₹2,000.00	₹0.00	₹8,000.00
31	POTASSIUM (k +)	1.00	₹313.00	₹0.00	₹313.00
32	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
33	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
34	BED CHARGE - IICU	.00 days	₹7,500.00	₹0.00	₹30,000.00

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35	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹750.00	₹0.00	₹750.00
36	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
37	PROFESSIONAL FEES(Dr.ARUN RAMANAN)	1.00	₹1,000.00	₹0.00	₹1,000.00
38	NT- pro BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
39	INTENSIVIST PROFESSIONAL CHARGES	4.00	₹3,000.00	₹0.00	₹12,000.00
40	PROFESSIONAL FEES(Dr.ASWIN S KRISHNA)	1.00	₹1,000.00	₹0.00	₹1,000.00
41	PROFESSIONAL FEES(Dr.KARTHIK SABAPATHI)	1.00	₹2,000.00	₹0.00	₹2,000.00
42	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
43	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹6,000.00	₹0.00	₹6,000.00

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44	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00

Total Amount	:	**₹113,090.00**
Discount Amount	:	**₹20,000.00**
Net Amount	:	**₹ 93,090.00**
Amount Received	:	**₹ 43,090.00**

Received Amount in Words : **Ninety-Three Thousand Ninety Only**

KARTHIK C

Authorised Signature