Out Patient Bill

Patient Name	: **Mr.PRABHU . N**	**Bill No**	: MMH/MH/IP202400166
Patient Id	: **MH57600**	**Bill Date**	: 24/01/2024 4:18:23PM
Age/Gender	: 40 Y 6 M 20 D/Male	**Visit Report Id**	: MH57600-IP005
Phone Number	: 9962405188	**Payment Mode**	:
Doctor Name	: Dr.ARUN RAMANAN	**Entity Type**	: Insurance
Visit Date	: 10/01/2024 1:28:14PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: ONCOLOGY		
Claim No	: 13-FGH-23-3-438816-01		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PHARMACY CHARGE	1.00	₹330,925.00	₹0.00	₹330,925.0
2	BED CHARGES - TWIN SHARING	.00 days	₹2,750.00	₹0.00	₹2,750.00
3	NURSING CHARGES	1.00	₹750.00	₹0.00	₹750.00
4	PROFESSIONAL FEES(Dr.ARUN RAMANAN)	1.00	₹5,500.00	₹0.00	₹5,500.00
5	OTHER ADDITION	1.00	₹69,158.00	₹0.00	₹69,158.00
6	DMO CHARGE	.00 days	₹750.00	₹0.00	₹750.00
7	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00

Patient Name	: **Mr.PRABHU . N**	**Bill No**	: MMH/MH/IP202400166
Patient Id	: **MH57600**	**Bill Date**	: 24/01/2024 4:18:23PM
Age/Gender	: 40 Y 6 M 20 D/Male	**Visit Report Id**	: MH57600-IP005
Phone Number	: 9962405188	**Payment Mode**	:
Doctor Name	: Dr.ARUN RAMANAN	**Entity Type**	: Insurance
Visit Date	: 10/01/2024 1:28:14PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: ONCOLOGY		
Claim No	: 13-FGH-23-3-438816-01		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹410,183.00**
		Discount Amount	:		**₹32,119.00**
		Net Amount	:		**₹ 378,064.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Thirty Thousand Only**

KARTHIK C

Authorised Signature