Out Patient Bill

Patient Name	: **Mr.KALAISELVAN M**	**Bill No**	: MMH/MH/IP202400200
Patient Id	: **MMH202473070**	**Bill Date**	: 29/01/2024 4:40:07PM
Age/Gender	: 46 Y 4 M 21 D/Male	**Visit Report Id**	: MMH202473070-IP001
Phone Number	: 9840208611	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 18/01/2024 2:42:20PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		
Claim No	: 13-FGH-23-3-444483-01		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PROFESSIONAL FEES(Dr.SUBRAMANIYAM)	1.00	₹13,200.00	₹0.00	₹13,200.00
2	DMO CHARGE	.00 days	₹750.00	₹0.00	₹4,500.00
3	BED CHARGES - ELITE SHARING DLX	.00 days	₹3,850.00	₹0.00	₹23,100.00
4	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
5	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
6	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
7	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
8	OT 2 CHARGES	1.00	₹7,000.00	₹0.00	₹7,000.00
9	HPE - 1	1.00	₹2,160.00	₹0.00	₹2,160.00
10	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹11,000.00	₹0.00	₹11,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
11	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
12	CBC	1.00	₹936.00	₹0.00	₹936.00
13	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
14	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
15	RENAL FUNCTION TEST	1.00	₹2,293.00	₹0.00	₹2,293.00
16	NURSING CHARGE - ELITE ROOM	.00 days	₹800.00	₹0.00	₹4,800.00
17	PHARMACY CHARGE	1.00	₹24,638.00	₹0.00	₹24,638.00
18	PROFESSIONAL FEES(Dr.SALAI SUDHAN)	1.00	₹1,100.00	₹0.00	₹1,100.00
19	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹4,838.00	₹0.00	₹4,838.00
20	OTHER ADDITION	1.00	₹58,398.00	₹0.00	₹58,398.00
21	PROFESSIONAL FEES(Dr.SATHISH BABU)	1.00	₹4,400.00	₹0.00	₹4,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
22	PROTHROMBIN TIME	1.00	₹432.00	₹0.00	₹432.00

Total Amount	:	**₹167,800.00**
Discount Amount	:	**₹10,031.00**
Net Amount	:	**₹ 157,769.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature