Out Patient Bill

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
Patient Id	: **MH00931**	**Bill Date**	: 30/01/2024 7:34:17PM
Age/Gender	: 69 Y 4 M 15 D/Male	**Visit Report Id**	: MH00931-IP003
Phone Number	: 9840481345	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
1	VENTILATOR CHARGE 1 DAY	12.00	₹10,000.00	₹0.00	₹120,000.0
2	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
3	UREA	1.00	₹300.00	₹0.00	₹300.00
4	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
5	CT SCREENING - ABDOMEN	1.00	₹4,200.00	₹0.00	₹4,200.00
6	CALCIUM	1.00	₹360.00	₹0.00	₹360.00
7	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
8	aPTT	1.00	₹750.00	₹0.00	₹750.00
9	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
10	PROFESSIONAL FEES(Dr.SIVA SHANMUGANATHAN V)	1.00	₹3,300.00	₹0.00	₹3,300.00
11	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00

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12	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
13	FFP	2.00	₹1,050.00	₹0.00	₹2,100.00
14	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
15	BETA D GLUCAN	1.00	₹16,876.00	₹0.00	₹16,876.00
16	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
17	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
18	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
19	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
20	BLOOD CHARGES	1.00	₹15,050.00	₹0.00	₹15,050.00
21	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
22	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
23	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

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24	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
25	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
26	FFP	2.00	₹1,050.00	₹0.00	₹2,100.00
27	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
28	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
29	BLOOD CHARGES	1.00	₹1,550.00	₹0.00	₹1,550.00
30	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
31	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
32	VENTILATOR NIV CHARGE	2.00	₹7,000.00	₹0.00	₹14,000.00
33	OT 1 CHARGES	0.50	₹7,000.00	₹0.00	₹3,500.00
34	CRRT	1.00	₹20,000.00	₹0.00	₹20,000.00
35	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
36	AMMONIA	1.00	₹1,710.00	₹0.00	₹1,710.00

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37	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
38	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
39	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
40	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
41	CREATININE	1.00	₹300.00	₹0.00	₹300.00
42	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
43	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
44	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
45	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
46	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
47	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
48	BRONCHIAL WASH FOR GRAMS STAIN	1.00	₹540.00	₹0.00	₹540.00

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49	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
50	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
51	aPTT	1.00	₹750.00	₹0.00	₹750.00
52	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
53	CRRT	1.00	₹20,000.00	₹0.00	₹20,000.00
54	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
55	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
56	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
57	CBG. (Capillary Blood Glucose)	7.00	₹180.00	₹0.00	₹1,260.00
58	CBC	1.00	₹976.00	₹0.00	₹976.00
59	UREA	1.00	₹300.00	₹0.00	₹300.00
60	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
61	BILE FOR CULTURE & SENSITIVITY	1.00	₹1,890.00	₹0.00	₹1,890.00

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62	CBC	1.00	₹976.00	₹0.00	₹976.00
63	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
64	BLOOD CHARGES	1.00	₹15,050.00	₹0.00	₹15,050.00
65	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
66	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
67	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
68	UREA	1.00	₹300.00	₹0.00	₹300.00
69	RIGHT UPPER LIMBS VENOUS	1.00	₹3,000.00	₹0.00	₹3,000.00
70	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
71	ENDOSCOPY UPPER GI - IP	1.00	₹4,200.00	₹0.00	₹4,200.00
72	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹8,250.00	₹0.00	₹8,250.00
73	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00

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74	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
75	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
76	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
77	MONITOR CHARGE 1 DAY	13.00	₹1,000.00	₹0.00	₹13,000.00
78	BRONCHOSCOPY	1.00	₹12,000.00	₹0.00	₹12,000.00
79	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
80	FENTANYL	10.00	₹200.00	₹0.00	₹2,000.00
81	SYRINGE PUMP CHARGE	35.00	₹1,000.00	₹0.00	₹35,000.00
82	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
83	CREATININE	1.00	₹300.00	₹0.00	₹300.00
84	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
85	CBG. (Capillary Blood Glucose)	2.00	₹180.00	₹0.00	₹360.00
86	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

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87	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
88	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
89	PROFESSIONAL FEES(Dr.ASWIN S KRISHNA)	1.00	₹3,300.00	₹0.00	₹3,300.00
90	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
91	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
92	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
93	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
94	SCD CHARGE (DVT)	11.00	₹1,500.00	₹0.00	₹16,500.00
95	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
96	ABG BLOOD GAS	3.00	₹1,080.00	₹0.00	₹3,240.00
97	TRACHEOSTOMY PROCEDURE	1.00	₹30,000.00	₹0.00	₹30,000.00
98	ARTERIAL LINE PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00

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99	HPE - 2	1.00	₹3,750.00	₹0.00	₹3,750.00
100	BRONCHOSCOPY	1.00	₹12,000.00	₹0.00	₹12,000.00
101	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
102	DENGUE IG M ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
103	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
104	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
105	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
106	MAGNESIUM	1.00	₹1,050.00	₹0.00	₹1,050.00
107	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
108	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
109	BLOOD CHARGES	1.00	₹15,050.00	₹0.00	₹15,050.00
110	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
111	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00

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112	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
113	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
114	PHARMACY CHARGE	1.00	₹864,054.00	₹0.00	₹864,054.0
115	TISSUE C/S	1.00	₹1,350.00	₹0.00	₹1,350.00
116	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
117	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
118	CBC	1.00	₹976.00	₹0.00	₹976.00
119	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
120	BRONCHIAL WASH FUNGAL C/S	1.00	₹1,350.00	₹0.00	₹1,350.00
121	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
122	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
123	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
124	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00

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125	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
126	NURSING CHARGE - ICU	13.00	₹2,000.00	₹0.00	₹26,000.00
127	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
128	UREA	1.00	₹300.00	₹0.00	₹300.00
129	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
130	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
131	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
132	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
133	aPTT	1.00	₹750.00	₹0.00	₹750.00
134	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
135	OTHER ADDITION	1.00	₹453,825.00	₹0.00	₹453,825.0
136	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
137	S.G.O.T. (AST)	1.00	₹270.00	₹0.00	₹270.00

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138	CBG. (Capillary Blood Glucose)	10.00	₹180.00	₹0.00	₹1,800.00
139	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
140	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
141	CRRT	1.00	₹20,000.00	₹0.00	₹20,000.00
142	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
143	ALPHA BED	12.00	₹400.00	₹0.00	₹4,800.00
144	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
145	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
146	CALCIUM	1.00	₹360.00	₹0.00	₹360.00
147	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
148	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

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149	PNEUMONIA PANEL BY FILM ARRAY (LOWER RESPIRATORY P	1.00	₹51,000.00	₹0.00	₹51,000.00
150	BRONCHIAL WASH FOR CYTOLOGY	1.00	₹1,800.00	₹0.00	₹1,800.00
151	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
152	ABG BLOOD GAS	2.00	₹1,080.00	₹0.00	₹2,160.00
153	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
154	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
155	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00
156	INTENSIVIST PROFESSIONAL CHARGES	13.00	₹3,000.00	₹0.00	₹39,000.00
157	PROFESSIONAL FEES(Dr.KIRTHIKA.N)	1.00	₹16,500.00	₹0.00	₹16,500.00
158	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
159	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
Patient Id	: **MH00931**	**Bill Date**	: 30/01/2024 7:34:17PM
Age/Gender	: 69 Y 4 M 15 D/Male	**Visit Report Id**	: MH00931-IP003
Phone Number	: 9840481345	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
160	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
161	BLOOD GROUP & Rh TYPE (CORD BLOOD	1.00	₹76.00	₹0.00	₹76.00
162	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
163	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
164	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
165	UREA	1.00	₹300.00	₹0.00	₹300.00
166	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
167	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
168	BRONCHIAL WASH AFB C/S	1.00	₹1,350.00	₹0.00	₹1,350.00
169	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
170	GRAM STAIN	1.00	₹360.00	₹0.00	₹360.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
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Age/Gender	: 69 Y 4 M 15 D/Male	**Visit Report Id**	: MH00931-IP003
Phone Number	: 9840481345	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
171	CULTURE & SENSITIVITY BY BACT/ ALER	1.00	₹1,890.00	₹0.00	₹1,890.00
172	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
173	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
174	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
175	NT- pro BNP	1.00	₹3,480.00	₹0.00	₹3,480.00
176	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
177	PRBC WITHOUT DONOR	1.00	₹2,550.00	₹0.00	₹2,550.00
178	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
179	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
180	PROFESSIONAL FEES(Dr.KARTHIK SABAPATHI)	1.00	₹3,300.00	₹0.00	₹3,300.00
181	BLOOD CHARGES	2.00	₹1,550.00	₹0.00	₹3,100.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
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Age/Gender	: 69 Y 4 M 15 D/Male	**Visit Report Id**	: MH00931-IP003
Phone Number	: 9840481345	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
182	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
183	aPTT	1.00	₹750.00	₹0.00	₹750.00
184	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
185	CREATININE	1.00	₹300.00	₹0.00	₹300.00
186	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
187	BED CHARGE - ICU	.00 days	₹7,500.00	₹0.00	₹97,500.00
188	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
189	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
190	FERRITIN	1.00	₹1,500.00	₹0.00	₹1,500.00
191	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
192	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
193	BRONCHIAL WASH CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
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Age/Gender	: 69 Y 4 M 15 D/Male	**Visit Report Id**	: MH00931-IP003
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
194	aPTT	1.00	₹750.00	₹0.00	₹750.00
195	PROFESSIONAL FEES(Dr.HARISH)	1.00	₹4,400.00	₹0.00	₹4,400.00
196	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
197	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
198	PHOSPHOROUS	1.00	₹450.00	₹0.00	₹450.00
199	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
200	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
201	DIALYSIS KIT CHARGE	1.00	₹1,300.00	₹0.00	₹1,300.00
202	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
203	CBG. (Capillary Blood Glucose)	1.00	₹180.00	₹0.00	₹180.00
204	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
205	BLOOD CHARGES	1.00	₹1,550.00	₹0.00	₹1,550.00
206	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
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Visit Date	: 07/01/2024 11:31:35PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: DIABETOLOGY	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
207	S.G.P.T. (ALT)	1.00	₹270.00	₹0.00	₹270.00
208	aPTT	1.00	₹750.00	₹0.00	₹750.00
209	LDH	1.00	₹900.00	₹0.00	₹900.00
210	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
211	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
212	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
213	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹1,100.00	₹0.00	₹1,100.00
214	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
215	PROFESSIONAL FEES(Dr.ELAKIYA MATHIMARAN)	1.00	₹4,400.00	₹0.00	₹4,400.00
216	CBC	1.00	₹976.00	₹0.00	₹976.00
217	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00

Patient Name	: **Mr.KALYANASUNDARAM.K**	**Bill No**	: MMH/MH/IP202400218
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
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S.No	Description	Qty	Unit Rate	Discount	Amount
218	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
219	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
220	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
221	BLOOD C/S	1.00	₹1,980.00	₹0.00	₹1,980.00
222	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
223	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
224	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹3,300.00	₹0.00	₹3,300.00
225	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
226	CRRT	1.00	₹20,000.00	₹0.00	₹20,000.00
227	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
228	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
229	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
230	NEBULIZER CHARGE	4.00	₹150.00	₹0.00	₹600.00
231	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
232	USG GUIDED PROCEDURE	1.00	₹13,000.00	₹0.00	₹13,000.00
233	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
234	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹66,000.00	₹0.00	₹66,000.00
235	BLOOD CHARGES	1.00	₹1,550.00	₹0.00	₹1,550.00
236	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
237	CREATININE	1.00	₹300.00	₹0.00	₹300.00
238	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
239	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
240	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
241	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
242	PROFESSIONAL FEES(Dr.DURAI RAVI)	1.00	₹16,500.00	₹0.00	₹16,500.00
243	BLOOD CHARGES	1.00	₹15,050.00	₹0.00	₹15,050.00
244	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
245	OXYGEN CHARGE 1 DAY	13.00	₹3,000.00	₹0.00	₹39,000.00
246	GENEXPERT MTB/RIF	1.00	₹6,750.00	₹0.00	₹6,750.00
247	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
248	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
249	CREATININE	1.00	₹300.00	₹0.00	₹300.00
250	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹2,387,571.00**
		Discount Amount	:		**₹244,262.00**
		Net Amount	:		**₹ 2,143,309.00**
		Amount Received	:		**₹ 13,653.00**

Received Amount in Words : **Twenty-Three Thousand Six Hundred Fifty-Three Only**

KARTHIK C

Authorised Signature