Out Patient Bill

Patient Name	:	**Mrs.PACHAIYAMMAL S**	**Bill No**	:	MMH/MH/IP202400314
Patient Id	:	**MMH202473457**	**Bill Date**	:	10/02/2024 7:50:52PM
Age/Gender	:	41/Female	**Visit Report Id**	:	MMH202473457-IP001
Phone Number	:	7358729843	**Payment Mode**	:	CHEQUE
Doctor Name	:	Dr.ARUN KUMAR.I	**Entity Type**	:	CASH
Visit Date	:	07/02/2024 10:41:02AM	**Entity Name**	:	CASH
Speciality	:	ORTHOPEDICIAN			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
3	STRYKER DRILL	1.00	₹2,500.00	₹0.00	₹2,500.00
4	C-ARM CHARGES	1.00	₹3,000.00	₹0.00	₹3,000.00
5	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
6	OT 2 CHARGES	1.00	₹7,000.00	₹0.00	₹7,000.00
7	CONSULTATION	1.00	₹400.00	₹0.00	₹400.00
8	WRIST AP/LAT (RIGHT)	1.00	₹630.00	₹0.00	₹630.00
9	INJECTION CHARGES - I.V	1.00	₹150.00	₹0.00	₹150.00
10	P.O.P APPLICATION	1.00	₹500.00	₹0.00	₹500.00
11	PHARMACY CHARGE	1.00	₹26,848.00	₹0.00	₹26,848.00

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Visit Date	: 07/02/2024 10:41:02AM	**Entity Name**	: CASH
Speciality	: ORTHOPEDICIAN		

S.No	Description	Qty	Unit Rate	Discount	Amount
12	NURSING CHARGE - GENERAL WARD	.00 days	₹800.00	₹0.00	₹800.00
13	BED CHARGES - GENERAL WARD	.00 days	₹1,100.00	₹0.00	₹1,100.00
14	DMO CHARGE - GENERAL WARD	.00 days	₹750.00	₹0.00	₹750.00

Total Amount	:	**₹44,578.00**
Discount Amount	:	**₹4,500.00**
Net Amount	:	**₹ 40,078.00**
Amount Received	:	**₹ 30,000.00**

Received Amount in Words : **Forty Thousand Seventy-Eight Only**

KARTHIK C
Authorised Signature