Out Patient Bill

Patient Name	: **Mrs.SASIKALA S**	**Bill No**	: MMH/MH/IP202400317
Patient Id	: **MMH202473632**	**Bill Date**	: 10/02/2024 8:32:38PM
Age/Gender	: 38 Y 0 M 13 D/Female	**Visit Report Id**	: MMH202473632-IP001
Phone Number	: 9698910991	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 07/02/2024 1:17:50PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		
Claim No	: 13-FGH-23-3-456893-01		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIVER FUNCTION TEST	1.00	₹1,056.00	₹0.00	₹1,056.00
2	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
3	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
4	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
5	SEVOFLOURANE	0.50	₹2,500.00	₹0.00	₹1,250.00
6	OT 1 CHARGES	1.00	₹7,000.00	₹0.00	₹7,000.00
7	URINE ROUTINE ANALYSIS	1.00	₹238.00	₹0.00	₹238.00
8	RENAL FUNCTION TEST	1.00	₹1,940.00	₹0.00	₹1,940.00
9	INSTRUMENT CHARGES	1.00	₹1,500.00	₹0.00	₹1,500.00
10	HYSTEROSCOPY	1.00	₹3,500.00	₹0.00	₹3,500.00
11	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
12	CBC	1.00	₹858.00	₹0.00	₹858.00

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13	DISPOSABLE PACK CHARGE	1.00	₹200.00	₹0.00	₹200.00
14	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹4,435.00	₹0.00	₹4,435.00
15	HbA1c	1.00	₹990.00	₹0.00	₹990.00
16	CLOTTING TIME	1.00	₹158.00	₹0.00	₹158.00
17	CBG. (Capillary Blood Glucose)	1.00	₹158.00	₹0.00	₹158.00
18	PROTHROMBIN TIME	1.00	₹396.00	₹0.00	₹396.00
19	PAP SMEAR	1.00	₹1,320.00	₹0.00	₹1,320.00
20	BLEEDING TIME	1.00	₹158.00	₹0.00	₹158.00
21	BLOOD GROUP and RH TYPE	1.00	₹238.00	₹0.00	₹238.00
22	HPE - 1	1.00	₹1,980.00	₹0.00	₹1,980.00
23	OTHER ADDITION	1.00	₹31,382.00	₹0.00	₹31,382.00
24	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹5,500.00	₹0.00	₹5,500.00

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25	NURSING CHARGE - TWIN SHARING	.00 days	₹800.00	₹0.00	₹1,600.00
26	DMO CHARGE - TWIN SHARING	.00 days	₹750.00	₹0.00	₹1,500.00
27	BED CHARGES - TWIN SHARING	.00 days	₹2,750.00	₹0.00	₹5,500.00
28	PROFESSIONAL FEES(Dr.ANUSHA RAAJ)	1.00	₹11,000.00	₹0.00	₹11,000.00
29	PHARMACY CHARGE	1.00	₹13,569.00	₹0.00	₹13,569.00
30	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
		Total Amount	:		**₹105,256.00**
		Discount Amount	:		**₹2,106.00**
		Net Amount	:		**₹ 103,150.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature