Out Patient Bill

Patient Name	: **Mrs.SAGUNTHALA K**	**Bill No**	: MMH/MH/IP202400355
Patient Id	: **MMH202473248**	**Bill Date**	: 16/02/2024 11:04:31AM
Age/Gender	: 66 Y 7 M 0 D/Female	**Visit Report Id**	: MMH202473248-IP001
Phone Number	: 8939395848	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
2	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
3	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
4	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
5	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
6	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
7	PHYSIOTHERAPHY CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
8	CREATININE	1.00	₹300.00	₹0.00	₹300.00
9	HOLTER MONITOR	1.00	₹5,400.00	₹0.00	₹5,400.00
10	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
11	CREATININE (URINE)	1.00	₹450.00	₹0.00	₹450.00
12	PHYSIOTHERAPHY CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
14	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
15	UREA	1.00	₹300.00	₹0.00	₹300.00
16	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
17	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
18	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
19	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
20	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
21	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
22	CBC	1.00	₹976.00	₹0.00	₹976.00
23	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
24	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
25	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
27	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
28	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
29	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
30	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
31	ABG BLOOD GAS	1.00	₹100.00	₹0.00	₹100.00
32	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
33	BLOOD C/S	1.00	₹1,901.00	₹0.00	₹1,901.00
34	CHEST X-RAY - BEDSIDE	1.00	₹864.00	₹0.00	₹864.00
35	PROTHROMBIN TIME	1.00	₹432.00	₹0.00	₹432.00
36	DIET CHARGES	5.00	₹100.00	₹0.00	₹500.00
37	ELECTROLYTES	1.00	₹1,080.00	₹0.00	₹1,080.00
38	aPTT	1.00	₹720.00	₹0.00	₹720.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	BLOOD C/S	1.00	₹1,901.00	₹0.00	₹1,901.00
40	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
41	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
42	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
43	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
44	CBC	1.00	₹936.00	₹0.00	₹936.00
45	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
46	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
47	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
48	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
49	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
50	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
51	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00

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Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
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S.No	Description	Qty	Unit Rate	Discount	Amount
52	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
53	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
54	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
55	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
56	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
57	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
58	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
59	PHYSIOTHERAPHY CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
60	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
61	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
62	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
63	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
64	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
65	PHYSIOTHERAPHY CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
66	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
67	CBC	1.00	₹936.00	₹0.00	₹936.00
68	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
69	PHYSIOTHERAPHY CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
70	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
71	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
72	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
73	PHYSIOTHERAPHY CHARGES	3.00	₹600.00	₹0.00	₹1,800.00
74	CBG. (Capillary Blood Glucose)	3.00	₹173.00	₹0.00	₹519.00
75	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
76	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
77	TRANSESOPHAGEAL ECHO	1.00	₹6,000.00	₹0.00	₹6,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
78	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
79	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
80	HOME CARE NURSING	7.00	₹3,100.00	₹0.00	₹21,700.00
81	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
82	CBG. (Capillary Blood Glucose)	1.00	₹173.00	₹0.00	₹173.00
83	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
84	PHYSIOTHERAPHY CHARGES	3.00	₹700.00	₹0.00	₹2,100.00
85	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
86	PROFESSIONAL FEES(Dr.SALAI SUDHAN)	1.00	₹1,100.00	₹0.00	₹1,100.00
87	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹11,000.00	₹0.00	₹11,000.00
88	PHARMACY CHARGE	1.00	₹159,746.00	₹0.00	₹159,746.0

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S.No	Description	Qty	Unit Rate	Discount	Amount
89	BED CHARGE - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹0.00
90	BED CHARGES - ELITE SHARING DLX	.00 days	₹3,850.00	₹0.00	₹30,800.00
91	DMO CHARGE	.00 days	₹750.00	₹0.00	₹6,000.00
92	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹33,000.00	₹0.00	₹33,000.00
93	NURSING CHARGE - ICU	.50 days	₹2,000.00	₹0.00	₹25,000.00
94	OTHER ADDITION	1.00	₹302,701.00	₹0.00	₹302,701.0
95	CAFETERIA	1.00	₹2,720.00	₹0.00	₹2,720.00
96	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹0.00
97	PROFESSIONAL FEES(Dr.ANANTH.V)	1.00	₹7,700.00	₹0.00	₹7,700.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
98	INTENSIVIST PROFESSIONAL CHARGE - ICU	.50 days	₹3,000.00	₹0.00	₹37,500.00
99	BED CHARGE - ICU	.50 days	₹7,500.00	₹0.00	₹93,750.00
100	PROFESSIONAL FEES(Dr.SIVA SHANMUGANATHAN V)	1.00	₹2,200.00	₹0.00	₹2,200.00
101	PROFESSIONAL FEES(Dr.ELAKIYA MATHIMARAN)	1.00	₹3,300.00	₹0.00	₹3,300.00
102	NURSING CHARGE - ELITE ROOM	.00 days	₹800.00	₹0.00	₹6,400.00
103	DMO CHARGE	.00 days	₹750.00	₹0.00	₹0.00
104	MONITOR CHARGE 1 DAY	12.50	₹2,000.00	₹0.00	₹25,000.00
105	CT ABDOMEN - IP	1.00	₹7,200.00	₹0.00	₹7,200.00
106	MICROALBUMINURIA - SPOT	1.00	₹1,170.00	₹0.00	₹1,170.00
107	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
108	SERUM KETONES (ß-Hydroxybutyrate)	1.00	₹900.00	₹0.00	₹900.00
109	CBC	1.00	₹976.00	₹0.00	₹976.00
110	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
111	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
112	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
113	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
114	CBG. (Capillary Blood Glucose)	2.00	₹180.00	₹0.00	₹360.00
115	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
116	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
117	HbA1c	1.00	₹1,126.00	₹0.00	₹1,126.00
118	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
119	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00

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120	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
121	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
122	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
123	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
124	BOTH LOWER LIMB VENOUS	1.00	₹4,800.00	₹0.00	₹4,800.00
125	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
126	CREATININE	1.00	₹300.00	₹0.00	₹300.00
127	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
128	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
129	SYRINGE PUMP CHARGE	1.00	₹1,000.00	₹0.00	₹1,000.00
130	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
131	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
132	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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133	ALPHA BED	18.00	₹400.00	₹0.00	₹7,200.00
134	UREA	1.00	₹300.00	₹0.00	₹300.00
135	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
136	CBG. (Capillary Blood Glucose)	4.00	₹180.00	₹0.00	₹720.00
137	CAROTID DOPPLER	1.00	₹5,280.00	₹0.00	₹5,280.00
138	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
139	BIPAP CHARGE	19.00	₹3,500.00	₹0.00	₹66,500.00
140	OXYGEN CHARGE 1 DAY	5.00	₹3,000.00	₹0.00	₹15,000.00
141	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
142	CBG. (Capillary Blood Glucose)	4.00	₹180.00	₹0.00	₹720.00
143	UREA	1.00	₹300.00	₹0.00	₹300.00
144	CREATININE	1.00	₹300.00	₹0.00	₹300.00
145	NEBULIZER CHARGE	4.00	₹150.00	₹0.00	₹600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
146	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
147	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
148	MRI BRAIN WITH ANGIOGRAM AND VENOGRAM	1.00	₹22,200.00	₹0.00	₹22,200.00
149	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
150	STOOL - OCCULT BLOOD	1.00	₹360.00	₹0.00	₹360.00
151	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
152	UREA	1.00	₹300.00	₹0.00	₹300.00
153	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
154	TSH 3rd Generation (hs TSH)	1.00	₹1,080.00	₹0.00	₹1,080.00
155	T4 (FREE)	1.00	₹756.00	₹0.00	₹756.00
156	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
157	CREATININE	1.00	₹300.00	₹0.00	₹300.00

Patient Name	: **Mrs.SAGUNTHALA K**	**Bill No**	: MMH/MH/IP202400355
Patient Id	: **MMH202473248**	**Bill Date**	: 16/02/2024 11:04:31AM
Age/Gender	: 66 Y 7 M 0 D/Female	**Visit Report Id**	: MMH202473248-IP001
Phone Number	: 8939395848	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
158	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
159	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
160	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
161	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
162	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
163	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
164	T3 (FREE)	1.00	₹630.00	₹0.00	₹630.00
165	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
166	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
167	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
168	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
169	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
170	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mrs.SAGUNTHALA K**	**Bill No**	: MMH/MH/IP202400355
Patient Id	: **MMH202473248**	**Bill Date**	: 16/02/2024 11:04:31AM
Age/Gender	: 66 Y 7 M 0 D/Female	**Visit Report Id**	: MMH202473248-IP001
Phone Number	: 8939395848	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
171	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
172	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
173	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
174	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
175	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
176	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
177	UREA	1.00	₹300.00	₹0.00	₹300.00
178	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
179	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
180	CREATININE	1.00	₹300.00	₹0.00	₹300.00
181	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
182	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
183	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mrs.SAGUNTHALA K**	**Bill No**	: MMH/MH/IP202400355
Patient Id	: **MMH202473248**	**Bill Date**	: 16/02/2024 11:04:31AM
Age/Gender	: 66 Y 7 M 0 D/Female	**Visit Report Id**	: MMH202473248-IP001
Phone Number	: 8939395848	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
184	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00
185	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
186	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00
187	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
188	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
189	PHYSIOTHERAPHY CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
190	ALBUMIN	1.00	₹270.00	₹0.00	₹270.00
191	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
192	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
193	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
194	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
195	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
196	CBG. (Capillary Blood Glucose)	3.00	₹180.00	₹0.00	₹540.00

Patient Name	: **Mrs.SAGUNTHALA K**	**Bill No**	: MMH/MH/IP202400355
Patient Id	: **MMH202473248**	**Bill Date**	: 16/02/2024 11:04:31AM
Age/Gender	: 66 Y 7 M 0 D/Female	**Visit Report Id**	: MMH202473248-IP001
Phone Number	: 8939395848	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 24/01/2024 12:48:51PM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
197	PHYSIOTHERAPHY CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
198	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
199	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
200	CREATININE	1.00	₹300.00	₹0.00	₹300.00
201	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
202	POTASSIUM (k +)	1.00	₹376.00	₹0.00	₹376.00

Total Amount	:	**₹1,038,660.00**
Discount Amount	:	**₹38,660.00**
Net Amount	:	**₹ 1,000,000.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK
Authorised Signature