

Out Patient Bill

Patient Name	: Mrs.JAYALAKSHMI S	Bill No	: MMH/MH/IP202400396
Patient Id	: MMH202473880	Bill Date	: 22/02/2024 12:39:01PM
Age/Gender	: 62 Y 2 M 3 D/Female	Visit Report Id	: MMH202473880-IP001
Phone Number	: 9940737177	Payment Mode	:
Doctor Name	: Dr.SRIRAM THANIGAI	Entity Type	: Insurance
Visit Date	: 17/02/2024 8:56:14AM	Entity Name	: UNITED INDIA INSURANCE C
Speciality	: ORTHOPEDICIAN	TPA	: MD INDIA PENSINOR AND ST/

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CLOTTING TIME	1.00	₹173.00	₹0.00	₹173.00
2	SEROLOGY (HIV, HBSAG, HCV) CLIA	1.00	₹4,838.00	₹0.00	₹4,838.00
3	CREATININE	1.00	₹288.00	₹0.00	₹288.00
4	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
5	ACCU FLOW MONITOR	2.50	₹600.00	₹0.00	₹1,500.00
6	FENTANYL PATCH - 25mg	1.00	₹480.00	₹0.00	₹480.00
7	DISPOSABLE PACK CHARGE	2.00	₹100.00	₹0.00	₹200.00
8	UREA	1.00	₹288.00	₹0.00	₹288.00
9	CBC	1.00	₹936.00	₹0.00	₹936.00
10	OT 2 CHARGES	1.00	₹44,200.00	₹0.00	₹44,200.00
11	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00

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12	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
13	INSTRUMENT CHARGES	1.00	₹1,500.00	₹0.00	₹1,500.00
14	CHEST AP VIEW	1.00	₹720.00	₹0.00	₹720.00
15	GLUCOSE (RANDOM)	1.00	₹216.00	₹0.00	₹216.00
16	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
17	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
18	BLEEDING TIME	1.00	₹173.00	₹0.00	₹173.00
19	STRYKER DRILL	1.00	₹3,000.00	₹0.00	₹3,000.00
20	CBG. (Capillary Blood Glucose)	3.00	₹173.00	₹0.00	₹519.00
21	CBG. (Capillary Blood Glucose)	4.00	₹173.00	₹0.00	₹692.00
22	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
23	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
24	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
25	CBG. (Capillary Blood Glucose)	5.00	₹173.00	₹0.00	₹865.00
26	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹4,400.00	₹0.00	₹4,400.00
27	BED CHARGES - SINGLE ROOM	.50 days	₹4,200.00	₹0.00	₹14,700.00
28	PHARMACY CHARGE	1.00	₹144,508.00	₹0.00	₹144,508.0
29	PROFESSIONAL FEES(Dr.SURENDAR P B)	1.00	₹1,100.00	₹0.00	₹1,100.00
30	DMO CHARGE - SINGLE ROOM	.50 days	₹750.00	₹0.00	₹2,625.00
31	NURSING CHARGE - SINGLE ROOM	.50 days	₹800.00	₹0.00	₹2,800.00

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Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE C

TPA : MD INDIA PENSINOR AND ST/

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		₹236,951.00
		Discount Amount	:		₹1,106.00
		Net Amount	:		₹ 235,845.00
		Amount Received	:		₹ 0.00

Received Amount : Eighty-Five Thousand Only

in Words

KARTHIK C

Authorised Signature