Out Patient Bill

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
2	POTASSIUM (K +)	1.00	₹300.00	₹0.00	₹300.00
3	CREATININE	1.00	₹240.00	₹0.00	₹240.00
4	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
5	CHEST X-RAY - BEDSIDE	1.00	₹720.00	₹0.00	₹720.00
6	SODIUM (NA +)	1.00	₹300.00	₹0.00	₹300.00
7	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
8	CBC	1.00	₹650.00	₹0.00	₹650.00
9	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
10	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
11	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
12	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
13	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
14	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
15	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
16	FENTANYL	2.00	₹200.00	₹0.00	₹400.00
17	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
18	RENAL FUNCTION TEST	1.00	₹1,764.00	₹0.00	₹1,764.00
19	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
20	CHEST X-RAY	1.00	₹600.00	₹0.00	₹600.00
21	ALBUMIN	1.00	₹216.00	₹0.00	₹216.00
22	CBC	1.00	₹650.00	₹0.00	₹650.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
23	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
24	CT CHEST - IP	1.00	₹5,500.00	₹0.00	₹5,500.00
25	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
26	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
27	DIET CHARGES	12.00	₹100.00	₹0.00	₹1,200.00
28	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
29	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
30	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
31	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
32	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
33	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
34	CREATININE	1.00	₹250.00	₹0.00	₹250.00
35	FENTANYL	2.00	₹200.00	₹0.00	₹400.00
36	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
37	UREA	1.00	₹250.00	₹0.00	₹250.00
38	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
39	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
40	BLOOD RESERVATION	1.00	₹500.00	₹0.00	₹500.00
41	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
42	CREATININE	1.00	₹250.00	₹0.00	₹250.00
43	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
44	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
45	UREA	1.00	₹250.00	₹0.00	₹250.00
46	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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47	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
48	BLOOD C/S	2.00	₹1,650.00	₹0.00	₹3,300.00
49	UREA	1.00	₹250.00	₹0.00	₹250.00
50	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
51	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
52	CREATININE	1.00	₹250.00	₹0.00	₹250.00
53	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
54	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
55	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
56	CBC	1.00	₹650.00	₹0.00	₹650.00
57	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
58	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹150.00	₹0.00	₹600.00

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59	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
60	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
61	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
62	UREA	1.00	₹250.00	₹0.00	₹250.00
63	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
64	CREATININE	1.00	₹250.00	₹0.00	₹250.00
65	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹150.00	₹0.00	₹900.00
66	ABG BLOOD GAS	1.00	₹100.00	₹0.00	₹100.00
67	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
68	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
69	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
70	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
71	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
72	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
73	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
74	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
75	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
76	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
77	UREA	1.00	₹250.00	₹0.00	₹250.00
78	CREATININE	1.00	₹250.00	₹0.00	₹250.00
79	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
80	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
81	ABG BLOOD GAS	1.00	₹100.00	₹0.00	₹100.00
82	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
83	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
84	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00
85	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
86	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
87	CBC	1.00	₹650.00	₹0.00	₹650.00
88	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
89	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
90	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
91	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
92	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
93	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
94	CBC	1.00	₹650.00	₹0.00	₹650.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
95	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
96	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
97	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
98	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
99	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
100	UREA	1.00	₹250.00	₹0.00	₹250.00
101	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
102	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
103	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
104	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
105	CREATININE	1.00	₹250.00	₹0.00	₹250.00

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106	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
107	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
108	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
109	UREA	1.00	₹250.00	₹0.00	₹250.00
110	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
111	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
112	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
113	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
114	CREATININE	1.00	₹250.00	₹0.00	₹250.00
115	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
116	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
117	CBC	1.00	₹650.00	₹0.00	₹650.00

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118	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
119	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
120	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
121	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
122	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
123	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
124	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
125	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
126	PLEURAL TAPPING	1.00	₹1,500.00	₹0.00	₹1,500.00
127	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
128	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
129	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00

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130	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
131	UREA	1.00	₹250.00	₹0.00	₹250.00
132	CREATININE	1.00	₹250.00	₹0.00	₹250.00
133	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹33,000.00
134	PROFESSIONAL FEES(Dr.SATHISH BABU)	1.00	₹35,000.00	₹0.00	₹35,000.00
135	ABG BLOOD GAS	2.00	₹900.00	₹0.00	₹1,800.00
136	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹142,500.0
137	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
138	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹1,500.00
139	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹16,800.00
140	PROFESSIONAL FEES(Dr.VIVEKNARAYAN G)	1.00	₹25,000.00	₹0.00	₹25,000.00

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141	DMO CHARGE	.00 days	₹750.00	₹0.00	₹2,250.00
142	PROFESSIONAL FEES(Dr.KUMARAN)	1.00	₹1,600.00	₹0.00	₹1,600.00
143	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹38,000.00
144	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹80,000.00	₹0.00	₹80,000.00
145	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹30,000.00
146	PROFESSIONAL FEES(Dr.HARISH)	1.00	₹15,000.00	₹0.00	₹15,000.00
147	PROFESSIONAL FEES(Dr.SHIVA KUMAR D)	1.00	₹20,000.00	₹0.00	₹20,000.00
148	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
149	PROFESSIONAL FEES(Dr.YUVARAJ K)	1.00	₹8,000.00	₹0.00	₹8,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
150	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹2,400.00
151	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹1,600.00
152	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹3,000.00
153	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹8,400.00
154	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹82,500.00
155	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹45,000.00
156	PROFESSIONAL FEES(Dr.ELAKIYA MATHIMARAN)	1.00	₹4,000.00	₹0.00	₹4,000.00
157	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹57,000.00
158	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹3,200.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
159	BED CHARGES - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹14,850.00
160	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹40,000.00	₹0.00	₹40,000.00
161	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹22,000.00
162	PROFESSIONAL FEES(Dr.BALAMURUGAN.S)	1.00	₹8,000.00	₹0.00	₹8,000.00
163	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹112,500.0
164	PROFESSIONAL FEES(Dr.BALAJI)	1.00	₹4,000.00	₹0.00	₹4,000.00
165	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹15,000.00	₹0.00	₹15,000.00
166	PROFESSIONAL FEES(Dr.SAKTHIVEL)	1.00	₹85,000.00	₹0.00	₹85,000.00
167	PROFESSIONAL FEES(Dr.ANISH)	1.00	₹6,000.00	₹0.00	₹6,000.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
168	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
169	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
170	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
171	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
172	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
173	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
174	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
175	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
176	PHYSIOTHERAPHY CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
177	CREATININE	1.00	₹250.00	₹0.00	₹250.00
178	UREA	1.00	₹250.00	₹0.00	₹250.00
179	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
180	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
181	PHYSIOTHERAPHY CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
182	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
183	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
184	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
185	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
186	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
187	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
188	UREA	1.00	₹250.00	₹0.00	₹250.00
189	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
190	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
191	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
192	CREATININE	1.00	₹250.00	₹0.00	₹250.00
193	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
194	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
195	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
196	UREA	1.00	₹250.00	₹0.00	₹250.00
197	CREATININE	1.00	₹250.00	₹0.00	₹250.00
198	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
199	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
200	ELECTROLYTES	1.00	₹938.00	₹0.00	₹938.00
201	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
202	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
203	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
204	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
205	CT FACIAL BONE	1.00	₹3,000.00	₹0.00	₹3,000.00
206	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
207	URINE SPOT SODIUM	1.00	₹375.00	₹0.00	₹375.00
208	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
209	CBC	1.00	₹650.00	₹0.00	₹650.00
210	CT SCREENING (CHEST) - IP	1.00	₹2,500.00	₹0.00	₹2,500.00
211	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
212	OXYGEN CHARGE 1 DAY	44.00	₹4,000.00	₹0.00	₹176,000.0
213	HBA1C	1.00	₹938.00	₹0.00	₹938.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
214	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
215	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
216	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
217	URINE OSMOLALITY	1.00	₹975.00	₹0.00	₹975.00
218	APTT	1.00	₹625.00	₹0.00	₹625.00
219	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
220	CT SCREENING - SINGLE PART	1.00	₹2,000.00	₹0.00	₹2,000.00
221	MONITOR CHARGE 1 DAY	50.00	₹2,000.00	₹0.00	₹100,000.0
222	CT SCREENING - ABDOMEN	1.00	₹3,500.00	₹0.00	₹3,500.00
223	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
224	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
225	CHLORIDE (CL -)	1.00	₹300.00	₹0.00	₹300.00
226	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
227	BICARBONATE (HCO3 -)	1.00	₹300.00	₹0.00	₹300.00
228	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
229	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
230	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
231	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
232	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
233	TOTAL WBC COUNT	1.00	₹144.00	₹0.00	₹144.00
234	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
235	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
236	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
237	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
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S.No	Description	Qty	Unit Rate	Discount	Amount
238	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
239	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹150.00	₹0.00	₹600.00
240	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
241	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
242	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
243	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
244	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
245	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
246	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
247	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
248	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
249	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
250	PHOSPHOROUS	1.00	₹375.00	₹0.00	₹375.00
251	ECHO - (IP)	1.00	₹2,500.00	₹0.00	₹2,500.00
252	CREATININE	1.00	₹250.00	₹0.00	₹250.00
253	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
254	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
255	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
256	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
257	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
258	CBG. (CAPILLARY BLOOD GLUCOSE)	5.00	₹150.00	₹0.00	₹750.00
259	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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S.No	Description	Qty	Unit Rate	Discount	Amount
260	SYRINGE PUMP CHARGE	27.00	₹2,000.00	₹0.00	₹54,000.00
261	BLOOD C/S	2.00	₹1,650.00	₹0.00	₹3,300.00
262	MAGNESIUM	1.00	₹875.00	₹0.00	₹875.00
263	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
264	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
265	ABG BLOOD GAS	2.00	₹900.00	₹0.00	₹1,800.00
266	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
267	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
268	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
269	CALCIUM	1.00	₹300.00	₹0.00	₹300.00
270	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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S.No	Description	Qty	Unit Rate	Discount	Amount
271	UREA	1.00	₹250.00	₹0.00	₹250.00
272	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
273	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
274	VENTILATOR CHARGE 1 DAY	15.00	₹12,000.00	₹0.00	₹180,000.0
275	NT- PRO BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
276	TROPONIN I (QUANTITATIVE)	1.00	₹4,050.00	₹0.00	₹4,050.00
277	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
278	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
279	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
280	CK - MB	1.00	₹1,000.00	₹0.00	₹1,000.00
281	CHEST X-RAY - BEDSIDE	1.00	₹720.00	₹0.00	₹720.00
282	UREA	1.00	₹250.00	₹0.00	₹250.00
283	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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S.No	Description	Qty	Unit Rate	Discount	Amount
284	ALPHA BED	48.00	₹400.00	₹0.00	₹19,200.00
285	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
286	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
287	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
288	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
289	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
290	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
291	CREATININE	1.00	₹250.00	₹0.00	₹250.00
292	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
293	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹150.00	₹0.00	₹900.00
294	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
295	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
296	VENTILATOR NIV CHARGE	4.00	₹7,000.00	₹0.00	₹28,000.00
297	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
298	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
299	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
300	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
301	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
302	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
303	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00
304	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
305	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
306	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
307	VENOUS DOPPLER BOTH LEGS	1.00	₹4,000.00	₹0.00	₹4,000.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
308	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
309	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
310	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
311	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
312	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
313	CT SCREENING - ABDOMEN	1.00	₹3,500.00	₹0.00	₹3,500.00
314	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
315	UREA	1.00	₹250.00	₹0.00	₹250.00
316	CT SCREENING (CHEST) - IP	1.00	₹2,500.00	₹0.00	₹2,500.00
317	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
318	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
319	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
320	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
321	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
322	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
323	CREATININE	1.00	₹250.00	₹0.00	₹250.00
324	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
325	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
326	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹150.00	₹0.00	₹900.00
327	UREA	1.00	₹250.00	₹0.00	₹250.00
328	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
329	NEBULIZER CHARGE	4.00	₹150.00	₹0.00	₹600.00
330	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
331	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
332	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
333	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
334	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
335	CREATININE	1.00	₹250.00	₹0.00	₹250.00
336	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
337	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
338	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
339	CBG. (CAPILLARY BLOOD GLUCOSE)	5.00	₹150.00	₹0.00	₹750.00
340	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
341	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
342	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
343	CATHETERIZATION CHARGES - HD	1.00	₹4,000.00	₹0.00	₹4,000.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
344	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00
345	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
346	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
347	CREATININE	1.00	₹250.00	₹0.00	₹250.00
348	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
349	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
350	UREA	1.00	₹250.00	₹0.00	₹250.00
351	TOTAL THYRODECTOMY	1.00	₹2,550.00	₹0.00	₹2,550.00
352	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
353	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
354	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
355	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
356	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
357	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
358	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
359	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
360	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
361	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
362	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹150.00	₹0.00	₹600.00
363	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
364	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
365	EEG	1.00	₹4,500.00	₹0.00	₹4,500.00
366	UREA	1.00	₹250.00	₹0.00	₹250.00
367	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
368	CREATININE	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
369	CBC	1.00	₹650.00	₹0.00	₹650.00
370	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
371	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
372	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
373	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
374	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
375	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
376	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
377	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
378	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
379	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
380	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
381	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
382	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
383	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
384	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
385	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
386	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
387	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
388	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
389	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
390	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
391	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
392	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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S.No	Description	Qty	Unit Rate	Discount	Amount
393	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
394	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
395	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
396	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
397	CREATININE	1.00	₹250.00	₹0.00	₹250.00
398	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
399	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
400	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
401	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹150.00	₹0.00	₹900.00
402	UREA	1.00	₹250.00	₹0.00	₹250.00
403	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
404	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
405	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
406	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
407	CBC	1.00	₹650.00	₹0.00	₹650.00
408	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
409	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
410	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
411	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹4,200.00	₹0.00	₹4,200.00
412	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
413	USG ABDOMEN SCAN	1.00	₹2,000.00	₹0.00	₹2,000.00
414	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
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S.No	Description	Qty	Unit Rate	Discount	Amount
415	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
416	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
417	SCD CHARGE (DVT)	31.00	₹2,500.00	₹0.00	₹77,500.00
418	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
419	UREA	1.00	₹250.00	₹0.00	₹250.00
420	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
421	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
422	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
423	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
424	CREATININE	1.00	₹250.00	₹0.00	₹250.00
425	CBC	1.00	₹650.00	₹0.00	₹650.00
426	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
427	UREA	1.00	₹250.00	₹0.00	₹250.00
428	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
429	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
430	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
431	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
432	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
433	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
434	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
435	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
436	STOOL - OCCULT BLOOD	1.00	₹300.00	₹0.00	₹300.00
437	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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S.No	Description	Qty	Unit Rate	Discount	Amount
438	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
439	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
440	OT 1 CHARGES	1.00	₹25,250.00	₹0.00	₹25,250.00
441	BLOOD GROUP & RH TYPE	1.00	₹180.00	₹0.00	₹180.00
442	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
443	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
444	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
445	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹150.00	₹0.00	₹600.00
446	APTT	1.00	₹625.00	₹0.00	₹625.00
447	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
448	SEVOFLOURANE	1.00	₹4,000.00	₹0.00	₹4,000.00
449	CBC	1.00	₹650.00	₹0.00	₹650.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
450	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
451	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
452	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
453	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
454	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
455	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
456	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
457	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
458	CBC	1.00	₹650.00	₹0.00	₹650.00
459	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
460	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
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Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
461	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
462	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
463	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
464	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
465	CBC	1.00	₹650.00	₹0.00	₹650.00
466	UREA	1.00	₹250.00	₹0.00	₹250.00
467	BICARBONATE (HCO3 -)	1.00	₹300.00	₹0.00	₹300.00
468	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
469	CBG. (CAPILLARY BLOOD GLUCOSE)	5.00	₹150.00	₹0.00	₹750.00
470	CREATININE	1.00	₹250.00	₹0.00	₹250.00
471	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
472	CHLORIDE (CL -)	1.00	₹300.00	₹0.00	₹300.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
473	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
474	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
475	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
476	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
477	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
478	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
479	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
480	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
481	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
482	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
483	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
484	BLOOD C/S	2.00	₹1,650.00	₹0.00	₹3,300.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
485	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
486	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
487	CBC	1.00	₹650.00	₹0.00	₹650.00
488	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
489	TRACHEL TUBE C/S	1.00	₹900.00	₹0.00	₹900.00
490	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
491	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
492	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
493	CREATININE	1.00	₹250.00	₹0.00	₹250.00
494	ABG BLOOD GAS	2.00	₹900.00	₹0.00	₹1,800.00
495	UREA	1.00	₹250.00	₹0.00	₹250.00
496	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
497	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
498	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
499	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
500	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
501	CREATININE	1.00	₹250.00	₹0.00	₹250.00
502	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
503	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
504	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
505	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
506	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
507	UREA	1.00	₹250.00	₹0.00	₹250.00
508	CBC	1.00	₹650.00	₹0.00	₹650.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
509	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
510	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
511	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
512	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
513	CULTURE & SENSITIVITY	1.00	₹875.00	₹0.00	₹875.00
514	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
515	CT ABDOMEN - IP	1.00	₹6,000.00	₹0.00	₹6,000.00
516	LUMBAR PUNCTURE	1.00	₹2,000.00	₹0.00	₹2,000.00
517	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
518	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
519	UREA	1.00	₹250.00	₹0.00	₹250.00
520	CREATININE	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
521	PROTEINS (CSF)	1.00	₹300.00	₹0.00	₹300.00
522	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
523	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
524	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
525	GLUCOSE(CSF)	1.00	₹188.00	₹0.00	₹188.00
526	CELL COUNT(CSF)	1.00	₹225.00	₹0.00	₹225.00
527	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
528	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
529	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
530	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
531	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
532	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
533	CBC	1.00	₹650.00	₹0.00	₹650.00
534	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
535	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
536	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
537	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
538	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
539	CREATININE	1.00	₹250.00	₹0.00	₹250.00
540	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
541	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
542	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
543	UREA	1.00	₹250.00	₹0.00	₹250.00
544	MAGNESIUM	1.00	₹875.00	₹0.00	₹875.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
545	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
546	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
547	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
548	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
549	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
550	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
551	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
552	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
553	C DIFFICILE TOXIN A B	1.00	₹5,250.00	₹0.00	₹5,250.00
554	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
555	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
556	CREATININE	1.00	₹250.00	₹0.00	₹250.00
557	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
558	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
559	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
560	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
561	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
562	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
563	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
564	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
565	CBC	1.00	₹650.00	₹0.00	₹650.00
566	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
567	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
568	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
569	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
570	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
571	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
572	APTT	1.00	₹625.00	₹0.00	₹625.00
573	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
574	PLATELET (BLOOD BANK)	4.00	₹1,050.00	₹0.00	₹4,200.00
575	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
576	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
577	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
578	CALCIUM	1.00	₹300.00	₹0.00	₹300.00
579	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
580	BLOOD RESERVATION	1.00	₹500.00	₹0.00	₹500.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
581	BLOOD CHARGES	1.00	₹15,050.00	₹0.00	₹15,050.00
582	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
583	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
584	CREATININE	1.00	₹250.00	₹0.00	₹250.00
585	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
586	UREA	1.00	₹250.00	₹0.00	₹250.00
587	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
588	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
589	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
590	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
591	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
592	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
593	USG ABDOMEN (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
594	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
595	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
596	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
597	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
598	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
599	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
600	OT 1 CHARGES	1.00	₹17,000.00	₹0.00	₹17,000.00
601	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
602	SEVOFLOURANE	1.00	₹2,500.00	₹0.00	₹2,500.00
603	APTT	1.00	₹625.00	₹0.00	₹625.00
604	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
605	UREA	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
606	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
607	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
608	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
609	CREATININE	1.00	₹250.00	₹0.00	₹250.00
610	HAEMODIALYSIS - SLED	1.00	₹5,000.00	₹0.00	₹5,000.00
611	BLOOD CHARGES	1.00	₹2,550.00	₹0.00	₹2,550.00
612	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
613	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
614	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
615	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
616	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
617	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
618	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
619	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
620	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
621	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
622	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
623	CBC	1.00	₹650.00	₹0.00	₹650.00
624	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
625	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
626	RENAL FUNCTION TEST	1.00	₹1,764.00	₹0.00	₹1,764.00
627	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
628	HBA1C	1.00	₹900.00	₹0.00	₹900.00

Patient Name	: **Mr.JOHN ROBERT**	**Bill No**	: MMH/MH/IP202400515
Patient Id	: **MMH202370691**	**Bill Date**	: 08/03/2024 9:50:28AM
Age/Gender	: 63/Male	**Visit Report Id**	: MMH202370691-IP001
Phone Number	: 9962278980	**Payment Mode**	: CHEQUE,CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 14/01/2024 5:33:11PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹2,160,491.00**
		Discount Amount	:		**₹100,490.00**
		Net Amount	:		**₹ 2,060,001.00**
		Amount Received	:		**₹ 260,000.00**

Received Amount in Words : **Two Million Sixty Thousand One Only**

KARTHIK C

Authorised Signature