Out Patient Bill

Patient Name	: **Ms.DEVAKI P**	**Bill No**	: MMH/MH/IP202400568
Patient Id	: **MH50695**	**Bill Date**	: 15/03/2024 10:00:41AM
Age/Gender	: 62/Female	**Visit Report Id**	: MH50695-IP001
Phone Number	: 9600984569	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 05/03/2024 2:17:44PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: VIDAL HEALTH INSURANCE T

S.No	Description	Qty	Unit Rate	Discount	Amount
1	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹792.00	₹0.00	₹792.00
2	GASTRO GRAFFIN	1.00	₹5,400.00	₹0.00	₹5,400.00
3	ESR	1.00	₹264.00	₹0.00	₹264.00
4	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
5	SEROLOGY (HIV/ HBSAG/ HCV) CLIA	1.00	₹4,435.00	₹0.00	₹4,435.00
6	LIVER FUNCTION TEST	1.00	₹1,056.00	₹0.00	₹1,056.00
7	THYROID PROFILE (TOTAL)	1.00	₹1,188.00	₹0.00	₹1,188.00
8	CBC	1.00	₹858.00	₹0.00	₹858.00
9	RENAL FUNCTION TEST	1.00	₹1,940.00	₹0.00	₹1,940.00
10	GASTROSCOPY	1.00	₹4,800.00	₹0.00	₹4,800.00

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11	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹158.00	₹0.00	₹158.00
12	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹158.00	₹0.00	₹158.00
13	PET CT SCAN WHOLE BODY	1.00	₹28,800.00	₹0.00	₹28,800.00
14	PROFESSIONAL FEES(Dr.ANUSHA RAAJ)	1.00	₹1,650.00	₹0.00	₹1,650.00
15	NURSING CHARGE - TWIN SHARING	.00 days	₹800.00	₹0.00	₹1,600.00
16	PHARMACY CHARGE	1.00	₹10,787.00	₹0.00	₹10,787.00
17	DMO CHARGE - TWIN SHARING	.00 days	₹750.00	₹0.00	₹1,500.00
18	BED CHARGES - TWIN SHARING ROOM	.00 days	₹2,750.00	₹0.00	₹5,500.00
19	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹4,400.00	₹0.00	₹4,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
20	OTHER ADDITION	1.00	₹12,443.00	₹0.00	₹12,443.00
21	PROFESSIONAL FEES(Dr.KARTIK NATARAJAN)	1.00	₹2,200.00	₹0.00	₹2,200.00

Total Amount	:	**₹90,279.00**
Discount Amount	:	**₹1,184.00**
Net Amount	:	**₹ 89,095.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature