Out Patient Bill

Patient Name	: **Mrs.BABY SAROJA T**	**Bill No**	: MMH/MH/IP202400615
Patient Id	: **MH35634**	**Bill Date**	: 22/03/2024 7:19:43PM
Age/Gender	: 71 Y 10 M 22 D/Female	**Visit Report Id**	: MH35634-IP001
Phone Number	: 9791170730	**Payment Mode**	: CHEQUE,UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 20/03/2024 10:32:59PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
3	CHEST X-RAY	1.00	₹625.00	₹0.00	₹625.00
4	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹750.00	₹0.00	₹750.00
5	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
6	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
7	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
8	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
9	CBC	1.00	₹650.00	₹0.00	₹650.00
10	STERILIZATION AND DISINFECTANT CHARGES	2.00	₹2,000.00	₹0.00	₹4,000.00
11	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
12	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00

Patient Name	: **Mrs.BABY SAROJA T**	**Bill No**	: MMH/MH/IP202400615
Patient Id	: **MH35634**	**Bill Date**	: 22/03/2024 7:19:43PM
Age/Gender	: 71 Y 10 M 22 D/Female	**Visit Report Id**	: MH35634-IP001
Phone Number	: 9791170730	**Payment Mode**	: CHEQUE,UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 20/03/2024 10:32:59PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	BLOOD C/S	2.00	₹1,650.00	₹0.00	₹3,300.00
14	CT BRAIN - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
15	EEG	1.00	₹5,500.00	₹0.00	₹5,500.00
16	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
17	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
18	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
19	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹15,000.00
20	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹5,000.00	₹0.00	₹5,000.00
21	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹4,000.00
22	MONITOR CHARGE 1 DAY	2.50	₹2,000.00	₹0.00	₹5,000.00
23	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹6,000.00
24	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹2,000.00	₹0.00	₹2,000.00
25	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00

Patient Name	: **Mrs.BABY SAROJA T**	**Bill No**	: MMH/MH/IP202400615
Patient Id	: **MH35634**	**Bill Date**	: 22/03/2024 7:19:43PM
Age/Gender	: 71 Y 10 M 22 D/Female	**Visit Report Id**	: MH35634-IP001
Phone Number	: 9791170730	**Payment Mode**	: CHEQUE,UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 20/03/2024 10:32:59PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
26	PET CT SCAN WHOLE BODY	1.00	₹24,000.00	₹0.00	₹24,000.00

Total Amount	:	**₹90,413.00**
Discount Amount	:	**₹22,600.00**
Net Amount	:	**₹ 67,813.00**
Amount Received	:	**₹ 42,813.00**

Received Amount in Words : **Sixty-Seven Thousand Eight Hundred Thirteen Only**

DINESH

Authorised Signature