Out Patient Bill

Patient Name	: **Mrs.PREETHI.K**	**Bill No**	: MMH/MH/IP202400624
Patient Id	: **MMH202474843**	**Bill Date**	: 25/03/2024 10:31:13AM
Age/Gender	: 33 Y 4 M 6 D/Female	**Visit Report Id**	: MMH202474843-IP001
Phone Number	: 9176507815	**Payment Mode**	:
Doctor Name	: Dr.VIJAYAKRISHNAN B	**Entity Type**	: Insurance
Visit Date	: 17/03/2024 9:31:14PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: ORTHO	**TPA**	: VIDAL HEALTH INSURANCE T
Claim No	: CHE-0324-PA-0002884		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
2	GLUCOSE (RANDOM)	1.00	₹216.00	₹0.00	₹216.00
3	BLOOD GROUP & RH TYPE	1.00	₹72.00	₹0.00	₹72.00
4	CLOTTING TIME	1.00	₹173.00	₹0.00	₹173.00
5	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹4,838.00	₹0.00	₹4,838.00
6	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
7	CREATININE	1.00	₹288.00	₹0.00	₹288.00
8	CHEST AP VIEW	1.00	₹720.00	₹0.00	₹720.00
9	CBC	1.00	₹936.00	₹0.00	₹936.00
10	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
11	UREA	1.00	₹288.00	₹0.00	₹288.00
12	PROTHROMBIN TIME	1.00	₹432.00	₹0.00	₹432.00

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13	BLEEDING TIME	1.00	₹173.00	₹0.00	₹173.00
14	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
15	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
16	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
17	C-ARM MINIMUM	1.00	₹1,500.00	₹0.00	₹1,500.00
18	STRYKER DRILL	1.00	₹2,500.00	₹0.00	₹2,500.00
19	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
20	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
21	OT 2 CHARGES	1.50	₹7,000.00	₹0.00	₹10,500.00
22	LEG AP/LAT VIEW (LEFT)	1.00	₹864.00	₹0.00	₹864.00
23	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
24	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
25	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹3,750.00
27	OTHER ADDITION	1.00	₹15,644.00	₹0.00	₹15,644.00
28	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹4,000.00
29	PHARMACY CHARGE	1.00	₹87,712.00	₹0.00	₹87,712.00
30	PROFESSIONAL FEES(Dr.VIJAYAKRISHNAN B)	1.00	₹13,200.00	₹0.00	₹13,200.00
31	PROFESSIONAL FEES(Dr.SATHISH BABU)	1.00	₹4,400.00	₹0.00	₹4,400.00
32	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹21,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹180,557.00**
		Discount Amount	:		**₹15,000.00**
		Net Amount	:		**₹ 165,557.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Twenty-Nine Thousand One Hundred Seventy-Nine Only**

KARTHIK C

Authorised Signature