

Out Patient Bill

Patient Name	: Mrs.ABAYAMBAL.K.V	Bill No	: MMH/MH/IP202400724
Patient Id	: MH05779	Bill Date	: 04/04/2024 3:58:22PM
Age/Gender	: 91 Y 0 M 6 D/Female	Visit Report Id	: MH05779-IP001
Phone Number	: 9381036984	Payment Mode	:
Doctor Name	: Dr.T.PALANIAPPAN	Entity Type	: Insurance
Visit Date	: 29/03/2024 2:27:18AM	Entity Name	: THE NEW INDIA ASSURANCE
Speciality	: GENERAL PHYSICIAN & DIAE	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DMO CHARGE	.00 days	₹750.00	₹0.00	₹750.00
2	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹7,500.00
3	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹800.00
4	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹2,000.00
5	PROFESSIONAL FEES(Dr.Dr.K.JAISHANKAR)	1.00	₹2,200.00	₹0.00	₹2,200.00
6	BED CHARGES - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹4,950.00
7	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹3,000.00
8	PHARMACY CHARGE	1.00	₹8,965.00	₹0.00	₹8,965.00
9	MONITOR CHARGE 1 DAY	1.00	₹1,000.00	₹0.00	₹1,000.00
10	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
11	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹900.00	₹0.00	₹900.00
12	HBA1C	1.00	₹1,126.00	₹0.00	₹1,126.00

Patient Name	: Mrs.ABAYAMBAL.K.V	Bill No	: MMH/MH/IP202400724
Patient Id	: MH05779	Bill Date	: 04/04/2024 3:58:22PM
Age/Gender	: 91 Y 0 M 6 D/Female	Visit Report Id	: MH05779-IP001
Phone Number	: 9381036984	Payment Mode	:
Doctor Name	: Dr.T.PALANIAPPAN	Entity Type	: Insurance
Visit Date	: 29/03/2024 2:27:18AM	Entity Name	: THE NEW INDIA ASSURANCE
Speciality	: GENERAL PHYSICIAN & DIAE	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Qty	Unit Rate	Discount	Amount
13	TROPONIN I (QUANTITATIVE)	1.00	₹4,860.00	₹0.00	₹4,860.00
14	TROPONIN T (QUANTITATIVE)	1.00	₹2,250.00	₹0.00	₹2,250.00
15	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
16	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
17	CBC	1.00	₹976.00	₹0.00	₹976.00
18	NT- PRO BNP	1.00	₹3,480.00	₹0.00	₹3,480.00
19	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
20	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
21	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
22	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹180.00	₹0.00	₹720.00
23	TROPONIN I (QUANTITATIVE)	1.00	₹4,860.00	₹0.00	₹4,860.00
24	CK - MB	1.00	₹1,200.00	₹0.00	₹1,200.00
25	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

Patient Name : Mrs.ABAYAMBAL.K.V
Patient Id : MH05779
Age/Gender : 91 Y 0 M 6 D/Female
Phone Number : 9381036984
Doctor Name : Dr.T.PALANIAPPAN
Visit Date : 29/03/2024 2:27:18AM
Speciality : GENERAL PHYSICIAN & DIAE

Bill No : MMH/MH/IP202400724
Bill Date : 04/04/2024 3:58:22PM
Visit Report Id : MH05779-IP001
Payment Mode :
Entity Type : Insurance
Entity Name : THE NEW INDIA ASSURANCE
TPA : HEALTH INSURANCE TPA LTD

S.No	Description	Qty	Unit Rate	Discount	Amount
26	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
27	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
28	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹173.00	₹0.00	₹519.00

Total Amount : ₹59,502.00
Discount Amount : ₹6,422.00
Net Amount : ₹ 53,080.00
Amount Received : ₹ 0.00

Received Amount : Zero Only
in Words

KARTHIK C
Authorised Signature