Out Patient Bill

Patient Name	: **Mrs.MEENAKSHI**	**Bill No**	: MMH/MH/IP202400745
Patient Id	: **MH48986**	**Bill Date**	: 06/04/2024 1:35:43PM
Age/Gender	: 74 Y 0 M 16 D/Female	**Visit Report Id**	: MH48986-IP002
Phone Number	: 9884489171	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 03/04/2024 8:07:36PM	**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	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
3	USG ABDOMEN (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
4	CBG. (CAPILLARY BLOOD GLUCOSE)	5.00	₹144.00	₹0.00	₹720.00
5	CT ABDOMEN - IP	1.00	₹6,000.00	₹0.00	₹6,000.00
6	CHEST X-RAY	1.00	₹600.00	₹0.00	₹600.00
7	CBC	1.00	₹650.00	₹0.00	₹650.00
8	LIVER FUNCTION TEST	1.00	₹960.00	₹0.00	₹960.00
9	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
10	DMO CHARGE	.00 days	₹750.00	₹0.00	₹2,250.00
11	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹2,400.00
12	BED CHARGES - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹14,850.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹31,612.00**
		Discount Amount	:		**₹4,742.00**
		Net Amount	:		**₹ 26,870.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Twenty-Six Thousand Eight Hundred Seventy Only**

SRINIVASAN
Authorised Signature