Out Patient Bill

Patient Name	: **Mrs.KAVITHA.V**	**Bill No**	: MMH/CM/IP202400467
Patient Id	: **MHC202406501**	**Bill Date**	: 14/02/2024 7:29:01PM
Age/Gender	: 26 Y 0 M 3 D/Female	**Visit Report Id**	: MHC202406501-IP001
Phone Number	: 8973361100	**Payment Mode**	:
Doctor Name	: Dr.SELVAN.	**Entity Type**	: Insurance
Visit Date	: 11/02/2024 7:13:31PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: PLASTIC SURGEON	**TPA**	: FHPL HEALTH PLAN TPA PVT
Claim No	: NIL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	NURSING CHARGES	2.00	₹150.00	₹0.00	₹300.00
2	HPE - 1	1.00	₹960.00	₹0.00	₹960.00
3	REGISTRATION CHARGES	1.00	₹250.00	₹0.00	₹250.00
4	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
5	DISINFECTANT CHARGE	1.00	₹100.00	₹0.00	₹100.00
6	DMO	2.00	₹200.00	₹0.00	₹400.00
7	SEVOFLOURANE	0.50	₹1,000.00	₹0.00	₹500.00
8	OT ASSISTANT CHARGES	1.00	₹2,000.00	₹0.00	₹2,000.00
9	OT CHARGES	1.00	₹4,000.00	₹0.00	₹4,000.00
10	PHARMACY CHARGE	1.00	₹6,933.00	₹0.00	₹6,933.00
11	PROFESSIONAL FEES(Dr.SELVAN.)	1.00	₹18,000.00	₹0.00	₹18,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
12	PROFESSIONAL FEES(Dr.RAVIKUMAR)	1.00	₹8,000.00	₹0.00	₹8,000.00
13	INJECTION CHARGE-I.M.	1.00	₹80.00	₹0.00	₹80.00
14	BED CHARGES - SINGLE ROOM	.00 days	₹1,850.00	₹0.00	₹3,700.00
15	OTHER ADDITION	1.00	₹800.00	₹0.00	₹800.00

Total Amount	:	**₹46,223.00**
Discount Amount	:	**₹2,677.00**
Net Amount	:	**₹ 43,546.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

IMANUVEL
Authorised Signature