Out Patient Bill

Patient Name	: **Mrs.TAMIL KODI**	**Bill No**	: MMH/CM/IP202400572
Patient Id	: **MHC202407375**	**Bill Date**	: 22/02/2024 7:05:39PM
Age/Gender	: 52 Y 0 M 5 D/Female	**Visit Report Id**	: MHC202407375-IP001
Phone Number	: 6383397771	**Payment Mode**	:
Doctor Name	: Dr.ARTHI	**Entity Type**	: Insurance
Visit Date	: 17/02/2024 5:34:50PM	**Entity Name**	: THE NEW INDIA ASSURANCE
Speciality	: ANAESTHETIST	**TPA**	: MEDIASSIST INDIA TPA PVT L
Claim No	: 119540392		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	VDRL Test	1.00	₹200.00	₹0.00	₹200.00
2	BLOOD GROUP and RH TYPE	1.00	₹100.00	₹0.00	₹100.00
3	CREATININE	1.00	₹100.00	₹0.00	₹100.00
4	GLUCOSE (RANDOM)	1.00	₹50.00	₹0.00	₹50.00
5	HBsAg	1.00	₹300.00	₹0.00	₹300.00
6	UREA	1.00	₹100.00	₹0.00	₹100.00
7	HIV I and II	1.00	₹300.00	₹0.00	₹300.00
8	ESR	1.00	₹80.00	₹0.00	₹80.00
9	ANTI HCV	1.00	₹500.00	₹0.00	₹500.00
10	ELECTROLYTES	1.00	₹450.00	₹0.00	₹450.00
11	CBC	1.00	₹420.00	₹0.00	₹420.00
12	HbA1c	1.00	₹465.00	₹0.00	₹465.00

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13	CLOTTING TIME	1.00	₹60.00	₹0.00	₹60.00
14	BLEEDING TIME	1.00	₹60.00	₹0.00	₹60.00
15	LIVER FUNCTION TEST	1.00	₹600.00	₹0.00	₹600.00
16	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
17	NURSING CHARGES	4.00	₹250.00	₹0.00	₹1,000.00
18	THYROID PROFILE (FREE)	1.00	₹800.00	₹0.00	₹800.00
19	REGISTRATION CHARGES	1.00	₹250.00	₹0.00	₹250.00
20	GLUCOSE (FASTING)	1.00	₹50.00	₹0.00	₹50.00
21	PROFESSIONAL FEES(Dr.HARI KRISHNAN)	3.00	₹600.00	₹0.00	₹1,800.00
22	DISINFECTANT CHARGE	1.00	₹100.00	₹0.00	₹100.00
23	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹200.00	₹0.00	₹200.00
24	DMO	4.00	₹500.00	₹0.00	₹2,000.00

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25	OT ASSISTANT CHARGES	1.00	₹7,000.00	₹0.00	₹7,000.00
26	OT CHARGES	1.00	₹15,000.00	₹0.00	₹15,000.00
27	SEVOFLOURANE	1.00	₹1,500.00	₹0.00	₹1,500.00
28	GLUCOSE (FASTING)	1.00	₹50.00	₹0.00	₹50.00
29	CBG. (Capillary Blood Glucose)	1.00	₹100.00	₹0.00	₹100.00
30	INJECTION CHARGE-I.M.	1.00	₹80.00	₹0.00	₹80.00
31	GLUCOSE (FASTING)	1.00	₹50.00	₹0.00	₹50.00
32	C-ARM CHARGES	1.00	₹2,500.00	₹0.00	₹2,500.00
33	PROFESSIONAL FEES(Dr.ARTHI)	1.00	₹7,000.00	₹0.00	₹7,000.00
34	DIETICIAN FEES - IP	1.00	₹300.00	₹0.00	₹300.00
35	CBG. (Capillary Blood Glucose)	4.00	₹100.00	₹0.00	₹400.00
36	GLUCOSE (FASTING)	1.00	₹50.00	₹0.00	₹50.00
37	FACIAL BONE	1.00	₹3,600.00	₹0.00	₹3,600.00

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38	PROFESSIONAL FEES(Dr.VELMURUGAN)	1.00	₹3,000.00	₹0.00	₹3,000.00
39	SHOULDER AP VIEW (LEFT)	1.00	₹350.00	₹0.00	₹350.00
40	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹700.00	₹0.00	₹700.00
41	ECHO - (IP)	1.00	₹1,700.00	₹0.00	₹1,700.00
42	PROFESSIONAL FEES(Dr.ARVIND KUMAR)	1.00	₹43,000.00	₹0.00	₹43,000.00
43	CT - BRAIN PLAIN	1.00	₹1,560.00	₹0.00	₹1,560.00
44	PHARMACY CHARGE	1.00	₹41,812.00	₹0.00	₹41,812.00
45	OTHER ADDITION	1.00	₹17,140.00	₹0.00	₹17,140.00
46	BED CHARGES - TWIN SHARING	.00 days	₹1,850.00	₹0.00	₹3,700.00
47	BED CHARGES - GENERAL WARD	.00 days	₹1,500.00	₹0.00	₹3,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹163,777.00**
		Discount Amount	:		**₹2,749.00**
		Net Amount	:		**₹ 161,028.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Three Thousand Only**

IMANUVEL

Authorised Signature