Out Patient Bill

Patient Name	: **Mrs.VARALAKSHMI V**	**Bill No**	: MMH/MM/IPM202400159
Patient Id	: **MHMG2301254**	**Bill Date**	: 27/02/2024 12:24:10PM
Age/Gender	: 65 Y 4 M 30 D/Female	**Visit Report Id**	: MHMG2301254-IP004
Phone Number	: 9962456859	**Payment Mode**	:
Doctor Name	: Dr.ARAVINDH	**Entity Type**	: Insurance
Visit Date	: 14/02/2024 10:35:12AM	**Entity Name**	: STAR HEALTH AND ALLIED I
Speciality	: GENERAL SURGERY	**TPA**	: STAR HEALTH AND ALLIED IN

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹605.00	₹0.00	₹605.00
2	aPTT	1.00	₹518.00	₹0.00	₹518.00
3	HIV I AND II (ELISA)	1.00	₹1,944.00	₹0.00	₹1,944.00
4	LIVER FUNCTION TEST	1.00	₹950.00	₹0.00	₹950.00
5	RENAL FUNCTION TEST	1.00	₹1,555.00	₹0.00	₹1,555.00
6	ANTI HCV (Elisa)	1.00	₹1,555.00	₹0.00	₹1,555.00
7	HBsAg (Elisa)	1.00	₹1,296.00	₹0.00	₹1,296.00
8	BLOOD RESERVATION	1.00	₹500.00	₹0.00	₹500.00
9	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
10	Chest PA View	1.00	₹576.00	₹0.00	₹576.00
11	PROTHROMBIN TIME	1.00	₹288.00	₹0.00	₹288.00
12	BLOOD GROUP and RH TYPE	1.00	₹208.00	₹0.00	₹208.00

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13	BLOOD CHARGES	2.00	₹1,550.00	₹0.00	₹3,100.00
14	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
15	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
16	CBC	1.00	₹605.00	₹0.00	₹605.00
17	OXYGEN CHARGE 1 DAY	3.00	₹3,000.00	₹0.00	₹9,000.00
18	ABG with ELECTROLYTE (EG7+)	5.00	₹1,231.00	₹0.00	₹6,155.00
19	RENAL FUNCTION TEST	1.00	₹1,555.00	₹0.00	₹1,555.00
20	Chest X-Ray	1.00	₹576.00	₹0.00	₹576.00
21	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00
22	SCD CHARGE (DVT)	2.00	₹1,500.00	₹0.00	₹3,000.00
23	NURSING CHARGES	7.00	₹500.00	₹0.00	₹3,500.00
24	FENTANYL	7.00	₹150.00	₹0.00	₹1,050.00
25	ABG with ELECTROLYTE (EG7+)	1.00	₹1,231.00	₹0.00	₹1,231.00

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26	NURSING CHARGES	3.50	₹1,000.00	₹0.00	₹3,500.00
27	MORPHINE	1.00	₹150.00	₹0.00	₹150.00
28	REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
29	PULMONARY FUNCTION TEST	1.00	₹1,170.00	₹0.00	₹1,170.00
30	DMO	7.00	₹500.00	₹0.00	₹3,500.00
31	VBG	1.00	₹676.00	₹0.00	₹676.00
32	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
33	CBG. (Capillary Blood Glucose)	1.00	₹138.00	₹0.00	₹138.00
34	INFUSION PUMP CHARGE 1 DAY	1.00	₹800.00	₹0.00	₹800.00
35	PROTHROMBIN TIME	1.00	₹288.00	₹0.00	₹288.00
36	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
37	MONITOR CHARGE 1 DAY	4.00	₹750.00	₹0.00	₹3,000.00
38	ABG with ELECTROLYTE (EG7+)	1.00	₹1,231.00	₹0.00	₹1,231.00

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39	SYRINGE PUMP CHARGE	3.00	₹1,000.00	₹0.00	₹3,000.00
40	INSTRUMENT CHARGES	1.00	₹140,000.00	₹0.00	₹140,000.0
41	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
42	LIVER FUNCTION TEST	1.00	₹950.00	₹0.00	₹950.00
43	MAGNESIUM	1.00	₹648.00	₹0.00	₹648.00
44	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
45	STERLIZATION AND DISINFECTION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
46	NEBULIZER CHARGE	31.00	₹150.00	₹0.00	₹4,650.00
47	FENTANYL PATCH - 25mg	1.00	₹480.00	₹0.00	₹480.00
48	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
49	PROFESSIONAL FEES(Dr.KUMARAVEL)	1.00	₹1,500.00	₹0.00	₹1,500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
50	VENTILATOR CHARGE 1 DAY	1.00	₹7,500.00	₹0.00	₹7,500.00
51	CBG. (Capillary Blood Glucose)	1.00	₹138.00	₹0.00	₹138.00
52	HPE - 4	1.00	₹6,307.00	₹0.00	₹6,307.00
53	PROFESSIONAL FEES(Dr.INDRANIL BANERJEE)	2.00	₹1,500.00	₹0.00	₹3,000.00
54	INTENSIVIST PROFESSIONAL CHARGES	3.50	₹1,000.00	₹0.00	₹3,500.00
55	ARTERIAL LINE PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
56	ABG with ELECTROLYTE (EG7+)	2.00	₹1,283.00	₹0.00	₹2,566.00
57	VBG	1.00	₹676.00	₹0.00	₹676.00
58	CBC	1.00	₹630.00	₹0.00	₹630.00
59	LIVER FUNCTION TEST	1.00	₹990.00	₹0.00	₹990.00
60	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00

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61	MAGNESIUM	1.00	₹676.00	₹0.00	₹676.00
62	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
63	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00
64	LIVER FUNCTION TEST	1.00	₹990.00	₹0.00	₹990.00
65	CBG. (Capillary Blood Glucose)	3.00	₹144.00	₹0.00	₹432.00
66	C.R.P. (C-Reactive Protein)	1.00	₹720.00	₹0.00	₹720.00
67	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
68	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
69	CBC	1.00	₹630.00	₹0.00	₹630.00
70	PHYSIOTHERAPHY CHARGES	11.00	₹700.00	₹0.00	₹7,700.00
71	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00
72	C.R.P. (C-Reactive Protein)	1.00	₹720.00	₹0.00	₹720.00
73	CBC	1.00	₹630.00	₹0.00	₹630.00

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74	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
75	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00
76	CBC	1.00	₹630.00	₹0.00	₹630.00
77	CBG. (Capillary Blood Glucose)	3.00	₹144.00	₹0.00	₹432.00
78	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
79	MAGNESIUM	1.00	₹676.00	₹0.00	₹676.00
80	PHOSPHOROUS	1.00	₹270.00	₹0.00	₹270.00
81	POTASSIUM (k +)	1.00	₹270.00	₹0.00	₹270.00
82	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
83	CALCIUM	1.00	₹270.00	₹0.00	₹270.00
84	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00
85	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00
86	CBG. (Capillary Blood Glucose)	2.00	₹144.00	₹0.00	₹288.00

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87	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00
88	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
89	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
90	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
91	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00
92	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
93	ELECTROLYTES	1.00	₹877.00	₹0.00	₹877.00
94	PHARMACY CHARGE	1.00	₹173,794.00	₹0.00	₹173,794.0
95	OT CHARGES	1.00	₹15,000.00	₹0.00	₹15,000.00
96	PROFESSIONAL FEES(Dr.ARAVINDH)	1.00	₹30,000.00	₹0.00	₹30,000.00
97	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹10,000.00	₹0.00	₹10,000.00
98	CBG. (Capillary Blood Glucose)	1.00	₹144.00	₹0.00	₹144.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
99	BED CHARGES - SINGLE ROOM	.00 days	₹3,000.00	₹0.00	₹15,000.00
100	BED CHARGE - ICU	.50 days	₹5,000.00	₹0.00	₹17,500.00
101	OTHER ADDITION	1.00	₹39,872.00	₹0.00	₹39,872.00
102	BED CHARGES - SINGLE ROOM	.00 days	₹3,000.00	₹0.00	₹6,000.00

Total Amount	:	**₹582,664.00**
Discount Amount	:	**₹12,000.00**
Net Amount	:	**₹ 570,664.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Three Hundred Eighty Thousand Four Hundred Two Only**

BASKAR
Authorised Signature