Out Patient Bill

Patient Name	: **Mr.NALLATHAMBI**	**Bill No**	: MMH/HM/IPH202400411
Patient Id	: **MMH202473898**	**Bill Date**	: 22/02/2024 5:51:34PM
Age/Gender	: 73 Y 0 M 5 D/Male	**Visit Report Id**	: MMH202473898-IP001
Phone Number	: 9841513121	**Payment Mode**	:
Doctor Name	: Dr.CM THIAGARAJAN	**Entity Type**	: CASH
Visit Date	: 17/02/2024 6:06:06PM	**Entity Name**	: CASH
Speciality	: NEPHROLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	1.00	₹900.00	₹0.00	₹900.00
2	BLOOD CHARGES	1.00	₹1,550.00	₹0.00	₹1,550.00
3	BLOOD RESERVATION	2.00	₹500.00	₹0.00	₹1,000.00
4	BLOOD GROUP and RH TYPE	1.00	₹238.00	₹0.00	₹238.00
5	CBC	1.00	₹780.00	₹0.00	₹780.00
6	PHARMACY CHARGE	1.00	₹1,070.00	₹0.00	₹1,070.00
7	NUTRITIONAL ASSESSMENT CHARGES	1.00	₹500.00	₹0.00	₹500.00
8	DMO	1.00	₹800.00	₹0.00	₹800.00
9	CBG. (Capillary Blood Glucose)	1.00	₹158.00	₹0.00	₹158.00
10	NURSING CHARGES	1.00	₹800.00	₹0.00	₹800.00
11	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
12	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
13	PROFESSIONAL FEES(Dr.CM THIAGARAJAN)	1.00	₹3,000.00	₹0.00	₹3,000.00
14	PROFESSIONAL FEES(Dr.SHIVA KUMAR D)	1.00	₹3,000.00	₹0.00	₹3,000.00
15	REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
16	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
17	ADMISSION CHARGES MWC	1.00	₹400.00	₹0.00	₹400.00
18	CBC	1.00	₹780.00	₹0.00	₹780.00
19	DIET CHARGES	1.00	₹800.00	₹0.00	₹800.00
20	CASUALTY BED CHARGES	4.00	₹500.00	₹0.00	₹2,000.00
21	BED CHARGES - SINGLE ROOM	.00 days	₹4,950.00	₹0.00	₹4,950.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹23,676.00**
		Discount Amount	:		**₹23,676.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

AKASH

Authorised Signature