

## Out Patient Bill

|                     |                            |                        |                            |
|---------------------|----------------------------|------------------------|----------------------------|
| <b>Patient Name</b> | : Mr.LAKSHMI KANTHAN P     | <b>Bill No</b>         | : MMH/MH/IP202401199       |
| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
| <b>Age/Gender</b>   | : 43 Y 1 M 1 D/Male        | <b>Visit Report Id</b> | : MMH202477350-IP001       |
| <b>Phone Number</b> | : 9790165866               | <b>Payment Mode</b>    | :                          |
| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description                      | Qty  | Unit Rate | Discount | Amount    |
|------|----------------------------------|------|-----------|----------|-----------|
| 1    | BILIRUBIN - DIRECT               | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 2    | ANTI HCV (ELISA)                 | 1.00 | ₹2,074.00 | ₹0.00    | ₹2,074.00 |
| 3    | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 4    | S.G.P.T. (ALT)                   | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 5    | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 6    | BILIRUBIN - INDIRECT             | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 7    | PROTHROMBIN TIME                 | 1.00 | ₹504.00   | ₹0.00    | ₹504.00   |
| 8    | BILIRUBIN - TOTAL                | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 9    | HBSAG (ELISA)                    | 1.00 | ₹1,728.00 | ₹0.00    | ₹1,728.00 |
| 10   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 11   | S.G.O.T. (AST)                   | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 12   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |

|                     |                            |                        |                            |
|---------------------|----------------------------|------------------------|----------------------------|
| <b>Patient Name</b> | : Mr.LAKSHMI KANTHAN P     | <b>Bill No</b>         | : MMH/MH/IP202401199       |
| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
| <b>Age/Gender</b>   | : 43 Y 1 M 1 D/Male        | <b>Visit Report Id</b> | : MMH202477350-IP001       |
| <b>Phone Number</b> | : 9790165866               | <b>Payment Mode</b>    | :                          |
| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description                         | Qty      | Unit Rate  | Discount | Amount     |
|------|-------------------------------------|----------|------------|----------|------------|
| 13   | CBG. ( CAPILLARY BLOOD GLUCOSE )    | 1.00     | ₹173.00    | ₹0.00    | ₹173.00    |
| 14   | CBG. ( CAPILLARY BLOOD GLUCOSE )    | 1.00     | ₹173.00    | ₹0.00    | ₹173.00    |
| 15   | LIVER FUNCTION TEST                 | 1.00     | ₹1,152.00  | ₹0.00    | ₹1,152.00  |
| 16   | CBG. ( CAPILLARY BLOOD GLUCOSE )    | 1.00     | ₹173.00    | ₹0.00    | ₹173.00    |
| 17   | CBG. ( CAPILLARY BLOOD GLUCOSE )    | 1.00     | ₹173.00    | ₹0.00    | ₹173.00    |
| 18   | LIVER FUNCTION TEST                 | 1.00     | ₹1,152.00  | ₹0.00    | ₹1,152.00  |
| 19   | CBG. ( CAPILLARY BLOOD GLUCOSE )    | 1.00     | ₹173.00    | ₹0.00    | ₹173.00    |
| 20   | NURSING CHARGE - SINGLE DELUXE ROOM | .50 days | ₹800.00    | ₹0.00    | ₹4,400.00  |
| 21   | DMO CHARGE - TWIN SHARING           | .50 days | ₹750.00    | ₹0.00    | ₹375.00    |
| 22   | PROFESSIONAL FEES(Dr.ASHWIN V G)    | 1.00     | ₹1,650.00  | ₹0.00    | ₹1,650.00  |
| 23   | BED CHARGES - SINGLE DELUXE ROOM    | .50 days | ₹4,950.00  | ₹0.00    | ₹27,225.00 |
| 24   | PHARMACY CHARGE                     | 1.00     | ₹24,706.00 | ₹0.00    | ₹24,706.00 |
| 25   | DMO CHARGE                          | .50 days | ₹750.00    | ₹0.00    | ₹4,125.00  |

|                     |                            |                        |                            |
|---------------------|----------------------------|------------------------|----------------------------|
| <b>Patient Name</b> | : Mr.LAKSHMI KANTHAN P     | <b>Bill No</b>         | : MMH/MH/IP202401199       |
| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
| <b>Age/Gender</b>   | : 43 Y 1 M 1 D/Male        | <b>Visit Report Id</b> | : MMH202477350-IP001       |
| <b>Phone Number</b> | : 9790165866               | <b>Payment Mode</b>    | :                          |
| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description                         | Qty      | Unit Rate  | Discount | Amount     |
|------|-------------------------------------|----------|------------|----------|------------|
| 26   | NURSING CHARGE - TWIN SHARING       | .50 days | ₹800.00    | ₹0.00    | ₹400.00    |
| 27   | OTHER ADDITION                      | 1.00     | ₹31,886.00 | ₹0.00    | ₹31,886.00 |
| 28   | BED CHARGES - TWIN SHARING ROOM     | .50 days | ₹2,750.00  | ₹0.00    | ₹1,375.00  |
| 29   | PROFESSIONAL FEES(Dr.T.PALANIAPPAN) | 1.00     | ₹11,000.00 | ₹0.00    | ₹11,000.00 |
| 30   | 25-OH VITAMIN D3                    | 1.00     | ₹2,376.00  | ₹0.00    | ₹2,376.00  |
| 31   | HBA1C                               | 1.00     | ₹990.00    | ₹0.00    | ₹990.00    |
| 32   | DIET CHARGES                        | 6.00     | ₹500.00    | ₹0.00    | ₹3,000.00  |
| 33   | ECG (ELECTROCARDIOGRAM) (IP)        | 1.00     | ₹480.00    | ₹0.00    | ₹480.00    |
| 34   | RENAL FUNCTION TEST                 | 1.00     | ₹1,848.00  | ₹0.00    | ₹1,848.00  |
| 35   | LIVER FUNCTION TEST                 | 1.00     | ₹1,056.00  | ₹0.00    | ₹1,056.00  |
| 36   | ADMINISTRATION CHARGES              | 1.00     | ₹350.00    | ₹0.00    | ₹350.00    |
| 37   | MICROALBUMINURIA - SPOT             | 1.00     | ₹1,123.00  | ₹0.00    | ₹1,123.00  |
| 38   | CBC                                 | 1.00     | ₹858.00    | ₹0.00    | ₹858.00    |

|                     |                            |                        |                            |
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| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
| <b>Age/Gender</b>   | : 43 Y 1 M 1 D/Male        | <b>Visit Report Id</b> | : MMH202477350-IP001       |
| <b>Phone Number</b> | : 9790165866               | <b>Payment Mode</b>    | :                          |
| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description                      | Qty  | Unit Rate | Discount | Amount    |
|------|----------------------------------|------|-----------|----------|-----------|
| 39   | ECHO - (IP)                      | 1.00 | ₹2,000.00 | ₹0.00    | ₹2,000.00 |
| 40   | URINE ROUTINE ANALYSIS           | 1.00 | ₹259.00   | ₹0.00    | ₹259.00   |
| 41   | VITAMIN B 12                     | 1.00 | ₹1,584.00 | ₹0.00    | ₹1,584.00 |
| 42   | LIPID PROFILE                    | 1.00 | ₹1,080.00 | ₹0.00    | ₹1,080.00 |
| 43   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 44   | T4 ( FREE)                       | 1.00 | ₹726.00   | ₹0.00    | ₹726.00   |
| 45   | TSH 3RD GENERATION (HS TSH)      | 1.00 | ₹1,037.00 | ₹0.00    | ₹1,037.00 |
| 46   | CHEST PA VIEW                    | 1.00 | ₹720.00   | ₹0.00    | ₹720.00   |
| 47   | T3 (FREE)                        | 1.00 | ₹605.00   | ₹0.00    | ₹605.00   |
| 48   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 49   | RENAL DOPPLER                    | 1.00 | ₹3,600.00 | ₹0.00    | ₹3,600.00 |
| 50   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 51   | USG ABDOMEN (IP)                 | 1.00 | ₹2,400.00 | ₹0.00    | ₹2,400.00 |

|                     |                            |                        |                            |
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| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
| <b>Age/Gender</b>   | : 43 Y 1 M 1 D/Male        | <b>Visit Report Id</b> | : MMH202477350-IP001       |
| <b>Phone Number</b> | : 9790165866               | <b>Payment Mode</b>    | :                          |
| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description                      | Qty  | Unit Rate | Discount | Amount    |
|------|----------------------------------|------|-----------|----------|-----------|
| 52   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 53   | POTASSIUM ( K +)                 | 1.00 | ₹432.00   | ₹0.00    | ₹432.00   |
| 54   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00   | ₹0.00    | ₹173.00   |
| 55   | LIVER FUNCTION TEST              | 1.00 | ₹1,152.00 | ₹0.00    | ₹1,152.00 |
| 56   | CBC                              | 1.00 | ₹936.00   | ₹0.00    | ₹936.00   |
| 57   | ATTENDER DIET CHARGES            | 9.00 | ₹150.00   | ₹0.00    | ₹1,350.00 |
| 58   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 2.00 | ₹173.00   | ₹0.00    | ₹346.00   |

|                     |                            |                        |                            |
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| <b>Patient Id</b>   | : MMH202477350             | <b>Bill Date</b>       | : 05/06/2024 2:40:24PM     |
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| <b>Doctor Name</b>  | : Dr.T.PALANIAPPAN         | <b>Entity Type</b>     | : Insurance                |
| <b>Visit Date</b>   | : 29/05/2024 2:06:26PM     | <b>Entity Name</b>     | : FUTURE GENERALI INDIA IN |
| <b>Speciality</b>   | : GENERAL PHYSICIAN & DIAE |                        |                            |
| <b>Claim No</b>     | : 13-FGH-24-3-530252-01    |                        |                            |

| S.No | Description | Qty             | Unit Rate | Discount | Amount       |
|------|-------------|-----------------|-----------|----------|--------------|
|      |             | Total Amount    | :         |          | ₹147,777.00  |
|      |             | Discount Amount | :         |          | ₹5,370.00    |
|      |             | Net Amount      | :         |          | ₹ 142,407.00 |
|      |             | Amount Received | :         |          | ₹ 0.00       |

**Received Amount : Zero Only**  
**in Words**

SATHISH KUMAR.S  
**Authorised Signature**