Out Patient Bill

Patient Name	: **Mrs.KAMALA DEVI**	**Bill No**	: MMH/MH/IP202400669
Patient Id	: **MHI202380636**	**Bill Date**	: 30/03/2024 9:07:00AM
Age/Gender	: 81 Y 0 M 21 D/Female	**Visit Report Id**	: MHI202380636-IP003
Phone Number	: 9444029811	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 25/01/2024 11:29:20AM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ENDOSCOPY INSTRUMENT CHARGE	1.00	₹1,500.00	₹0.00	₹1,500.00
2	BLOOD CHARGES	2.00	₹2,550.00	₹0.00	₹5,100.00
3	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
4	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
5	CK - MB	1.00	₹1,000.00	₹0.00	₹1,000.00
6	CRRT	1.00	₹20,000.00	₹0.00	₹20,000.00
7	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
8	TROPONIN T	1.00	₹1,800.00	₹0.00	₹1,800.00
9	ECG (ELECTROCARDIOGRAM) (IP)	2.00	₹400.00	₹0.00	₹800.00
10	BLOOD C/S	1.00	₹1,650.00	₹0.00	₹1,650.00
11	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
12	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	BLOOD GROUP & RH TYPE	1.00	₹180.00	₹0.00	₹180.00
14	CBC	1.00	₹650.00	₹0.00	₹650.00
15	ARTERIAL LINE PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
16	ABG BLOOD GAS	3.00	₹900.00	₹0.00	₹2,700.00
17	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
18	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
19	SYRINGE PUMP CHARGE	5.00	₹1,000.00	₹0.00	₹5,000.00
20	MONITOR CHARGE 1 DAY	1.00	₹1,000.00	₹0.00	₹1,000.00
21	VENTILATOR CHARGE 1 DAY	1.00	₹10,000.00	₹0.00	₹10,000.00
22	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
23	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
24	OXYGEN CHARGE 1 DAY	1.00	₹3,000.00	₹0.00	₹3,000.00
25	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00

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26	CBG. (CAPILLARY BLOOD GLUCOSE)	10.00	₹150.00	₹0.00	₹1,500.00
27	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
28	HPE - 1	1.00	₹1,875.00	₹0.00	₹1,875.00
29	CK (CPK - TOTAL)	1.00	₹750.00	₹0.00	₹750.00
30	TROPONIN I (QUANTITATIVE)	1.00	₹4,050.00	₹0.00	₹4,050.00
31	USG ABDOMEN (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
32	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
33	CATHETERIZATION CHARGES - HD	1.00	₹4,000.00	₹0.00	₹4,000.00
34	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
35	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
36	APTT	1.00	₹625.00	₹0.00	₹625.00
37	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
38	PHARMACY CHARGE	1.00	₹105,052.00	₹0.00	₹105,052.0

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39	PROFESSIONAL FEES(Dr.Dr.K.JAISHANKAR)	1.00	₹2,000.00	₹0.00	₹2,000.00
40	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹2,000.00
41	PROFESSIONAL FEES(Dr.KIRTHIKA.N)	1.00	₹7,500.00	₹0.00	₹7,500.00
42	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹3,000.00
43	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹7,500.00
44	PROFESSIONAL FEES(Dr.KARTHIK SABAPATHI)	1.00	₹2,000.00	₹0.00	₹2,000.00
45	PROFESSIONAL FEES(Dr.AMARA SADGUNA RAO)	1.00	₹3,000.00	₹0.00	₹3,000.00
46	AMBULANCE CHARGES	1.00	₹11,000.00	₹0.00	₹11,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹235,345.00**
		Discount Amount	:		**₹59,600.00**
		Net Amount	:		**₹ 175,745.00**
		Amount Received	:		**₹ 0.00**
		Due Amount	:		**₹ 175,745.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature