Out Patient Bill

Patient Name	: **Mr.SURESH BABU.T.D**	**Bill No**	: MMH/MH/IP202400876
Patient Id	: **MMH202475505**	**Bill Date**	: 23/04/2024 7:40:13PM
Age/Gender	: 51 Y 2 M 8 D/Male	**Visit Report Id**	: MMH202475505-IP001
Phone Number	: 9788897795	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 04/04/2024 5:44:59PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹976.00	₹0.00	₹976.00
2	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
3	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
4	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
5	HBA1C	1.00	₹1,126.00	₹0.00	₹1,126.00
6	MONITOR CHARGE 1 DAY	8.00	₹2,000.00	₹0.00	₹16,000.00
7	D - DIMER	1.00	₹1,876.00	₹0.00	₹1,876.00
8	PROTHROMBIN TIME	1.00	₹450.00	₹0.00	₹450.00
9	APTT	1.00	₹750.00	₹0.00	₹750.00
10	T3 (FREE)	1.00	₹630.00	₹0.00	₹630.00
11	PROTEIN S (CITRATED PLASMA)	1.00	₹6,300.00	₹0.00	₹6,300.00
12	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	DS DNA	1.00	₹2,520.00	₹0.00	₹2,520.00
14	HOMOCYSTEINE	1.00	₹2,160.00	₹0.00	₹2,160.00
15	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹180.00	₹0.00	₹720.00
16	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
17	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
18	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
19	LIPID PROFILE	1.00	₹1,126.00	₹0.00	₹1,126.00
20	PHOSPHOLIPID AB IGM	1.00	₹1,620.00	₹0.00	₹1,620.00
21	PHOSPHOLIPID AB IGG	1.00	₹1,620.00	₹0.00	₹1,620.00
22	T4 (FREE)	1.00	₹756.00	₹0.00	₹756.00
23	CT ANGIO	1.00	₹14,400.00	₹0.00	₹14,400.00
24	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
25	TSH 3RD GENERATION (HS TSH)	1.00	₹1,080.00	₹0.00	₹1,080.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	PHOSPHOLIPID AB IGA	1.00	₹1,620.00	₹0.00	₹1,620.00
27	BOTH LOWER LIMB VENOUS	1.00	₹4,800.00	₹0.00	₹4,800.00
28	PROTEIN C (CITRATED PLASMA)	1.00	₹5,850.00	₹0.00	₹5,850.00
29	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
30	RENAL ARTERY DOPPLER	1.00	₹3,600.00	₹0.00	₹3,600.00
31	UREA	1.00	₹300.00	₹0.00	₹300.00
32	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
33	CREATININE	1.00	₹300.00	₹0.00	₹300.00
34	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
35	PCV (HAEMATOCRIT)	1.00	₹180.00	₹0.00	₹180.00
36	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
37	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
38	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
40	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
41	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
42	PCV (HAEMATOCRIT)	1.00	₹180.00	₹0.00	₹180.00
43	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
44	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
45	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
46	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
47	CREATININE	1.00	₹300.00	₹0.00	₹300.00
48	DIET CHARGES	17.00	₹500.00	₹0.00	₹8,500.00
49	SEROLOGY(HIV/HBSAG/HCV)CLIA	1.00	₹2,250.00	₹0.00	₹2,250.00
50	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
51	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00

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Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
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S.No	Description	Qty	Unit Rate	Discount	Amount
52	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
53	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
54	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
55	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
56	RETICULOCYTE COUNT	1.00	₹540.00	₹0.00	₹540.00
57	PCV (HAEMATOCRIT)	1.00	₹180.00	₹0.00	₹180.00
58	MAGNESIUM	1.00	₹1,050.00	₹0.00	₹1,050.00
59	VITAMIN B 12	1.00	₹1,800.00	₹0.00	₹1,800.00
60	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
61	ERYTHROPOIETIN	1.00	₹2,700.00	₹0.00	₹2,700.00
62	FERRITIN	1.00	₹1,500.00	₹0.00	₹1,500.00
63	FOLIC ACID	1.00	₹1,980.00	₹0.00	₹1,980.00
64	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
65	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
66	THERAPEUTIC PHLEBOTOMY	1.00	₹1,550.00	₹0.00	₹1,550.00
67	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
68	CALCIUM	1.00	₹360.00	₹0.00	₹360.00
69	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
70	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
71	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
72	THERAPEUTIC PHLEBOTOMY	1.00	₹1,550.00	₹0.00	₹1,550.00
73	CBC	1.00	₹976.00	₹0.00	₹976.00
74	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
75	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
76	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
77	PCV (HAEMATOCRIT)	1.00	₹180.00	₹0.00	₹180.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
78	THERAPEUTIC PHLEBOTOMY	1.00	₹1,550.00	₹0.00	₹1,550.00
79	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
80	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
81	PCV (HAEMATOCRIT)	1.00	₹180.00	₹0.00	₹180.00
82	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
83	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
84	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
85	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
86	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
87	CBC	1.00	₹858.00	₹0.00	₹858.00
88	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
89	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
90	BRAIN-MRI	1.00	₹13,500.00	₹0.00	₹13,500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
91	RENAL FUNCTION TEST	1.00	₹1,940.00	₹0.00	₹1,940.00
92	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
93	SODIUM (NA +)	1.00	₹330.00	₹0.00	₹330.00
94	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
95	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
96	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
97	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
98	BRAIN-MRI	1.00	₹13,500.00	₹0.00	₹13,500.00
99	SODIUM (NA +)	1.00	₹330.00	₹0.00	₹330.00
100	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
101	ACCU FLOW MONITOR	2.00	₹600.00	₹0.00	₹1,200.00
102	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
103	SODIUM (NA +)	1.00	₹330.00	₹0.00	₹330.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
104	TOTAL WBC COUNT	1.00	₹158.00	₹0.00	₹158.00
105	PHYSIOTHERAPHY - TRACTION	2.00	₹700.00	₹0.00	₹1,400.00
106	SODIUM (NA +)	1.00	₹330.00	₹0.00	₹330.00
107	CREATININE	1.00	₹264.00	₹0.00	₹264.00
108	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
109	BRAIN-MRI	1.00	₹9,000.00	₹0.00	₹9,000.00
110	ATTENDER DIET CHARGES	1.00	₹150.00	₹0.00	₹150.00
111	ELECTROLYTES	1.00	₹990.00	₹0.00	₹990.00
112	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
113	DOPPLER STUDY OF GROIN (LEFT)	1.00	₹2,820.00	₹0.00	₹2,820.00
114	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
115	DMO CHARGE - TWIN SHARING	.00 days	₹750.00	₹0.00	₹0.00
116	OTHER ADDITION	1.00	₹169,395.00	₹0.00	₹169,395.0

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S.No	Description	Qty	Unit Rate	Discount	Amount
117	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹16,000.00
118	PHARMACY CHARGE	1.00	₹80,466.00	₹0.00	₹80,466.00
119	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹24,000.00
120	PROFESSIONAL FEES(Dr.ARUN RAMANAN)	1.00	₹1,100.00	₹0.00	₹1,100.00
121	DMO CHARGE - TWIN SHARING	.00 days	₹750.00	₹0.00	₹6,000.00
122	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹8,250.00	₹0.00	₹8,250.00
123	NURSING CHARGE - TWIN SHARING	.00 days	₹800.00	₹0.00	₹6,400.00
124	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹27,500.00	₹0.00	₹27,500.00
125	BED CHARGES - TWIN SHARING ROOM	.00 days	₹2,750.00	₹0.00	₹0.00
126	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹60,000.00
127	BED CHARGES - TWIN SHARING ROOM	.00 days	₹2,750.00	₹0.00	₹22,000.00
128	NURSING CHARGE - TWIN SHARING	.00 days	₹800.00	₹0.00	₹0.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹617,243.00**
		Discount Amount	:		**₹43,064.00**
		Net Amount	:		**₹ 574,179.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

SRINIVASAN

Authorised Signature