Out Patient Bill

Patient Name	: **Mrs.PREMA N**	**Bill No**	: MMH/MH/IP202400890
Patient Id	: **MH03649**	**Bill Date**	: 25/04/2024 4:19:55PM
Age/Gender	: 79 Y 9 M 24 D/Female	**Visit Report Id**	: MH03649-IP001
Phone Number	: 9840415245	**Payment Mode**	:
Doctor Name	: Dr.SUPRAJA K	**Entity Type**	: Insurance
Visit Date	: 14/04/2024 10:08:54AM	**Entity Name**	: STAR HEALTH AND ALLIED I
Speciality	: PULMONOLOGIST	**TPA**	: STAR HEALTH AND ALLIED IN

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹900.00	₹0.00	₹900.00
2	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
3	UREA	1.00	₹300.00	₹0.00	₹300.00
4	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
5	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
6	CT SCREENING (CHEST) - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
7	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
8	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
9	SYRINGE PUMP CHARGE	1.00	₹1,000.00	₹0.00	₹1,000.00
10	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
11	AMBULANCE CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
12	NT- PRO BNP	1.00	₹3,480.00	₹0.00	₹3,480.00

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13	DIET CHARGES	7.00	₹500.00	₹0.00	₹3,500.00
14	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
15	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
16	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
17	BLOOD C/S	2.00	₹1,980.00	₹0.00	₹3,960.00
18	MONITOR CHARGE 1 DAY	3.00	₹1,000.00	₹0.00	₹3,000.00
19	CREATININE	1.00	₹300.00	₹0.00	₹300.00
20	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
21	CBC	1.00	₹976.00	₹0.00	₹976.00
22	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
23	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
24	OXYGEN CHARGE 1 DAY	4.00	₹3,000.00	₹0.00	₹12,000.00
25	CAROTID DOPPLER	1.00	₹5,280.00	₹0.00	₹5,280.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
27	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
28	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
29	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
30	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
31	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
32	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
33	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
34	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
35	CORTISOL (PM)	1.00	₹1,080.00	₹0.00	₹1,080.00
36	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
37	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
38	EEG	1.00	₹5,400.00	₹0.00	₹5,400.00

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39	T.I.B.C.	1.00	₹750.00	₹0.00	₹750.00
40	FERRITIN	1.00	₹1,500.00	₹0.00	₹1,500.00
41	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
42	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
43	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
44	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
45	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
46	POTASSIUM (K +)	1.00	₹376.00	₹0.00	₹376.00
47	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
48	CORTISOL (AM)	1.00	₹1,080.00	₹0.00	₹1,080.00
49	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
50	H1N1-INFLUENZA	1.00	₹7,200.00	₹0.00	₹7,200.00
51	IRON	1.00	₹720.00	₹0.00	₹720.00

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52	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
53	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
54	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
55	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
56	RENAL FUNCTION TEST	1.00	₹2,206.00	₹0.00	₹2,206.00
57	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
58	HBA1C	1.00	₹1,080.00	₹0.00	₹1,080.00
59	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
60	TSH 3RD GENERATION (HS TSH)	1.00	₹1,037.00	₹0.00	₹1,037.00
61	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
62	HAEMOGLOBIN	1.00	₹288.00	₹0.00	₹288.00
63	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹173.00	₹0.00	₹1,038.00
64	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00

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65	TOTAL WBC COUNT	1.00	₹173.00	₹0.00	₹173.00
66	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
67	PULMONARY REHAB - IP	1.00	₹10,000.00	₹0.00	₹10,000.00
68	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00
69	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
70	BED CHARGES - TWIN SHARING ROOM	.50 days	₹2,750.00	₹0.00	₹1,375.00
71	PROFESSIONAL FEES(Dr.SURENDAR P.B)	1.00	₹2,200.00	₹0.00	₹2,200.00
72	NURSING CHARGE - TWIN SHARING	.50 days	₹800.00	₹0.00	₹400.00
73	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹2,200.00	₹0.00	₹2,200.00
74	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹6,000.00
75	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹9,000.00
76	OTHER ADDITION	1.00	₹22,364.00	₹0.00	₹22,364.00
77	DMO CHARGE - TWIN SHARING	.50 days	₹750.00	₹0.00	₹375.00

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78	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹22,500.00
79	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹2,750.00	₹0.00	₹2,750.00
80	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹2,400.00
81	PHARMACY CHARGE	1.00	₹36,759.00	₹0.00	₹36,759.00
82	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹12,600.00
83	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹15,400.00	₹0.00	₹15,400.00
84	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹2,250.00
85	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,750.00	₹0.00	₹2,750.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹241,486.00**
		Discount Amount	:		**₹46,222.00**
		Net Amount	:		**₹ 195,264.00**
		Amount Received	:		**₹ 0.00**
		Due Amount	:		**₹ 54,318.00**

Received Amount in Words : **Zero Only**

SRINIVASAN

Authorised Signature