## Out Patient Bill

| | | | |
|---|---|---|---|
| **Patient Name** | : **Mrs.KALYANI V** | **Bill No** | : MMH/MH/IP202400894 |
| **Patient Id** | : **MMH202476045** | **Bill Date** | : 25/04/2024 6:02:20PM |
| **Age/Gender** | : 69 Y 9 M 24 D/Female | **Visit Report Id** | : MMH202476045-IP001 |
| **Phone Number** | : 9940047345 | **Payment Mode** | : |
| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : Insurance |
| **Visit Date** | : 22/04/2024 2:36:13PM | **Entity Name** | : STAR HEALTH AND ALLIED I |
| **Speciality** | : GENERAL PHYSICIAN & DIAE | **TPA** | : STAR HEALTH AND ALLIED IN |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | RENAL FUNCTION TEST | 1.00 | ₹1,940.00 | ₹0.00 | ₹1,940.00 |
| 2 | LIVER FUNCTION TEST | 1.00 | ₹1,056.00 | ₹0.00 | ₹1,056.00 |
| 3 | ADMINISTRATION CHARGES | 1.00 | ₹350.00 | ₹0.00 | ₹350.00 |
| 4 | CBC | 1.00 | ₹858.00 | ₹0.00 | ₹858.00 |
| 5 | ECHO - (IP) | 1.00 | ₹2,000.00 | ₹0.00 | ₹2,000.00 |
| 6 | URINE CULTURE & SENSITIVITY | 1.00 | ₹1,188.00 | ₹0.00 | ₹1,188.00 |
| 7 | FENTANYL | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 8 | OT 2 CHARGES | 1.00 | ₹7,000.00 | ₹0.00 | ₹7,000.00 |
| 9 | ECG (ELECTROCARDIOGRAM) (IP) | 1.00 | ₹480.00 | ₹0.00 | ₹480.00 |
| 10 | INSTRUMENT CHARGES | 1.00 | ₹1,500.00 | ₹0.00 | ₹1,500.00 |
| 11 | URINE ROUTINE ANALYSIS | 1.00 | ₹238.00 | ₹0.00 | ₹238.00 |
| 12 | SEVOFLOURANE | 0.50 | ₹2,500.00 | ₹0.00 | ₹1,250.00 |

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| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : Insurance |
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|---|---|---|---|---|---|
| 13 | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹158.00 | ₹0.00 | ₹158.00 |
| 14 | ACCU FLOW MONITOR | 2.00 | ₹600.00 | ₹0.00 | ₹1,200.00 |
| 15 | CHEST AP VIEW | 1.00 | ₹660.00 | ₹0.00 | ₹660.00 |
| 16 | DIETICIAN FEES - IP | 1.00 | ₹500.00 | ₹0.00 | ₹500.00 |
| 17 | PROFESSIONAL FEES(Dr.VENKATACHALAM VEERAPP/ | 1.00 | ₹16,500.00 | ₹0.00 | ₹16,500.00 |
| 18 | PROFESSIONAL FEES(Dr.T.PALANIAPPAN) | 1.00 | ₹1,000.00 | ₹0.00 | ₹1,000.00 |
| 19 | NURSING CHARGE - TWIN SHARING | .00 days | ₹800.00 | ₹0.00 | ₹1,600.00 |
| 20 | OTHER ADDITION | 1.00 | ₹15,426.00 | ₹0.00 | ₹15,426.00 |
| 21 | PROFESSIONAL FEES(Dr.SREENIVAS.U.M) | 1.00 | ₹2,200.00 | ₹0.00 | ₹2,200.00 |
| 22 | PROFESSIONAL FEES(Dr.ARUN RAMANAN) | 1.00 | ₹3,300.00 | ₹0.00 | ₹3,300.00 |
| 23 | BED CHARGES - TWIN SHARING ROOM | .00 days | ₹2,750.00 | ₹0.00 | ₹5,500.00 |
| 24 | PROFESSIONAL FEES(Dr.SATHISH BABU) | 1.00 | ₹5,500.00 | ₹0.00 | ₹5,500.00 |
| 25 | DMO CHARGE - TWIN SHARING | .00 days | ₹750.00 | ₹0.00 | ₹1,500.00 |

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| 26 | PHARMACY CHARGE | 1.00 | ₹120,925.00 | ₹0.00 | ₹120,925.0 |

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|---|---|---|
| **Total Amount** | : | **₹194,029.00** |
| **Discount Amount** | : | **₹27,123.00** |
| **Net Amount** | : | **₹ 166,906.00** |
| **Amount Received** | : | **₹ 0.00** |

**Received Amount in Words** : **Thirty-Eight Thousand Only**

SRINIVASAN
**Authorised Signature**