Out Patient Bill

Patient Name	: **Mrs.BALA.K**	**Bill No**	: MMH/MH/IP202400918
Patient Id	: **MMH202475968**	**Bill Date**	: 28/04/2024 1:10:53PM
Age/Gender	: 59 Y 6 M 11 D/Female	**Visit Report Id**	: MMH202475968-IP001
Phone Number	: 9789807597	**Payment Mode**	:
Doctor Name	: Dr.SRIRAM THANIGAI	**Entity Type**	: Insurance
Visit Date	: 19/04/2024 11:03:22PM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: ORTHOPEDICIAN	**TPA**	: MD INDIA PENSINOR AND STA

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
3	STRYKER DRILL	1.00	₹3,000.00	₹0.00	₹3,000.00
4	DISPOSABLE PACK CHARGE	1.00	₹200.00	₹0.00	₹200.00
5	DIET CHARGES	7.00	₹500.00	₹0.00	₹3,500.00
6	OT 2 CHARGES	1.00	₹12,500.00	₹0.00	₹12,500.00
7	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
8	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00
9	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
10	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
11	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
12	OT 2 CHARGES	1.00	₹12,500.00	₹0.00	₹12,500.00

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13	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
14	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
15	STRYKER DRILL	1.00	₹3,000.00	₹0.00	₹3,000.00
16	DISPOSABLE PACK CHARGE	1.00	₹100.00	₹0.00	₹100.00
17	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00
18	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
19	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
20	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
21	PHYSIOTHERAPHY CHARGES	1.00	₹600.00	₹0.00	₹600.00
22	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹5,600.00
23	OTHER ADDITION	1.00	₹4,528.00	₹0.00	₹4,528.00
24	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹5,250.00
25	PROFESSIONAL FEES(Dr.SRIRAM THANIGAI)	1.00	₹158,000.00	₹0.00	₹158,000.0

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26	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹29,400.00
27	PHARMACY CHARGE	1.00	₹348,758.00	₹0.00	₹348,758.0

Total Amount	:	**₹594,459.00**
Discount Amount	:	**₹40,000.00**
Net Amount	:	**₹ 554,459.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Two Hundred Thousand Only**

SRINIVASAN
Authorised Signature