Out Patient Bill

Patient Name	: **Mrs.UMA LAKSHMANAN**	**Bill No**	: MMH/MH/IP202400927
Patient Id	: **MMH202476062**	**Bill Date**	: 29/04/2024 3:11:47PM
Age/Gender	: 46 Y 4 M 22 D/Female	**Visit Report Id**	: MMH202476062-IP001
Phone Number	: 7200440950	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 23/04/2024 9:46:18AM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
2	VALPROIC ACID	1.00	₹1,350.00	₹0.00	₹1,350.00
3	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
4	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
5	CATHETERIZATION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
6	CBC	1.00	₹650.00	₹0.00	₹650.00
7	HAEMODIALYSIS - ICU	1.00	₹2,400.00	₹0.00	₹2,400.00
8	MONITOR CHARGE 1 DAY	4.50	₹2,000.00	₹0.00	₹9,000.00
9	CATHETERIZATION CHARGES - HD	1.00	₹8,000.00	₹0.00	₹8,000.00
10	AMBULANCE CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
11	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
12	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	AMMONIA	1.00	₹1,425.00	₹0.00	₹1,425.00
14	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
15	RYLES TUBE INSERTION	1.00	₹1,000.00	₹0.00	₹1,000.00
16	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
17	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
18	APTT	1.00	₹625.00	₹0.00	₹625.00
19	SYRINGE PUMP CHARGE	1.00	₹1,500.00	₹0.00	₹1,500.00
20	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
21	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
22	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
23	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
24	OXYGEN CHARGE 1 DAY	2.00	₹4,000.00	₹0.00	₹8,000.00
25	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	NEBULIZER CHARGE	1.00	₹150.00	₹0.00	₹150.00
27	DIET CHARGES	6.00	₹500.00	₹0.00	₹3,000.00
28	AMMONIA	1.00	₹1,425.00	₹0.00	₹1,425.00
29	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
30	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
31	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
32	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
33	CBG. (CAPILLARY BLOOD GLUCOSE)	5.00	₹150.00	₹0.00	₹750.00
34	CBC	1.00	₹650.00	₹0.00	₹650.00
35	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
36	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
37	EEG	1.00	₹4,500.00	₹0.00	₹4,500.00
38	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	HAEMODIALYSIS - ICU	1.00	₹2,400.00	₹0.00	₹2,400.00
40	APTT	1.00	₹625.00	₹0.00	₹625.00
41	PROTHROMBIN TIME	1.00	₹375.00	₹0.00	₹375.00
42	SCD CHARGE (DVT)	2.00	₹2,500.00	₹0.00	₹5,000.00
43	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
44	CBG. (CAPILLARY BLOOD GLUCOSE)	8.00	₹150.00	₹0.00	₹1,200.00
45	PHOSPHOROUS	1.00	₹375.00	₹0.00	₹375.00
46	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
47	HAEMODIALYSIS - ICU	1.00	₹2,400.00	₹0.00	₹2,400.00
48	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
49	AMMONIA	1.00	₹1,425.00	₹0.00	₹1,425.00
50	PLATELET COUNT	1.00	₹375.00	₹0.00	₹375.00
51	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
52	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
53	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
54	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
55	VALPROIC ACID	1.00	₹1,350.00	₹0.00	₹1,350.00
56	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
57	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
58	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
59	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
60	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
61	CBG. (CAPILLARY BLOOD GLUCOSE)	8.00	₹150.00	₹0.00	₹1,200.00
62	AMMONIA	1.00	₹1,425.00	₹0.00	₹1,425.00
63	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
64	CBC	1.00	₹650.00	₹0.00	₹650.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
65	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
66	VALPROIC ACID	1.00	₹1,350.00	₹0.00	₹1,350.00
67	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
68	AMMONIA	1.00	₹1,425.00	₹0.00	₹1,425.00
69	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
70	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
71	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
72	SODIUM (NA +)	1.00	₹300.00	₹0.00	₹300.00
73	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
74	PLATELET COUNT	1.00	₹360.00	₹0.00	₹360.00
75	POTASSIUM (K +)	1.00	₹300.00	₹0.00	₹300.00
76	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
77	HBA1C	1.00	₹900.00	₹0.00	₹900.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
78	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹1,600.00
79	BED CHARGES - ICU	.50 days	₹7,500.00	₹0.00	₹33,750.00
80	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,500.00	₹0.00	₹2,500.00
81	PROFESSIONAL FEES(Dr.SHIVA KUMAR D)	1.00	₹4,000.00	₹0.00	₹4,000.00
82	DMO CHARGE	.00 days	₹750.00	₹0.00	₹1,500.00
83	INTENSIVIST PROFESSIONAL CHARGE - ICU	.50 days	₹3,000.00	₹0.00	₹13,500.00
84	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
85	BED CHARGES - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹9,900.00
86	PROFESSIONAL FEES(Dr.SWETHA RAGHAVAN)	1.00	₹2,000.00	₹0.00	₹2,000.00
87	NURSING CHARGE - ICU	.50 days	₹2,000.00	₹0.00	₹9,000.00
88	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹12,000.00	₹0.00	₹12,000.00
89	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹5,000.00	₹0.00	₹5,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹191,633.00**
		Discount Amount	:		**₹12,000.00**
		Net Amount	:		**₹ 179,633.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **One Hundred Seventy-Nine Thousand Six Hundred Thirty-Three Only**

SRINIVASAN
Authorised Signature