Out Patient Bill

Patient Name	: **Mrs.PANJAVARNAM**	**Bill No**	: MMH/MH/IP202400931
Patient Id	: **MMH202475731**	**Bill Date**	: 29/04/2024 5:31:32PM
Age/Gender	: 87 Y 0 M 16 D/Female	**Visit Report Id**	: MMH202475731-IP002
Phone Number	: 9841528735	**Payment Mode**	: CARD
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 25/04/2024 12:59:54PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	BLOOD GROUP & RH TYPE	1.00	₹180.00	₹0.00	₹180.00
2	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
3	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
4	MONITOR CHARGE 1 DAY	4.00	₹2,000.00	₹0.00	₹8,000.00
5	VITAMIN B 12	1.00	₹1,500.00	₹0.00	₹1,500.00
6	URINE ROUTINE ANALYSIS	1.00	₹225.00	₹0.00	₹225.00
7	DIET CHARGES	4.00	₹500.00	₹0.00	₹2,000.00
8	CT ABDOMEN - IP	1.00	₹6,000.00	₹0.00	₹6,000.00
9	BLOOD CHARGES	2.00	₹2,550.00	₹0.00	₹5,100.00
10	TRANSFERRIN SATURATION (TSAT)	1.00	₹1,725.00	₹0.00	₹1,725.00
11	ENDOSCOPY INSTRUMENT CHARGE	1.00	₹1,500.00	₹0.00	₹1,500.00
12	IRON	1.00	₹600.00	₹0.00	₹600.00

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13	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
14	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
15	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
16	PERIPHERAL SMEAR	1.00	₹750.00	₹0.00	₹750.00
17	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
18	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
19	T.I.B.C.	1.00	₹625.00	₹0.00	₹625.00
20	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
21	OXYGEN CHARGE 1 DAY	1.50	₹4,000.00	₹0.00	₹6,000.00
22	AMBULANCE CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
23	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
24	GRAM STAIN FOR URINE	1.00	₹300.00	₹0.00	₹300.00
25	FERRITIN	1.00	₹1,250.00	₹0.00	₹1,250.00

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26	STOOL - OCCULT BLOOD	1.00	₹300.00	₹0.00	₹300.00
27	UREA	1.00	₹250.00	₹0.00	₹250.00
28	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
29	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
30	ALPHA BED	4.00	₹400.00	₹0.00	₹1,600.00
31	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
32	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
33	COLONOSCOPY INSTRUMENT	1.00	₹3,000.00	₹0.00	₹3,000.00
34	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
35	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
36	CREATININE	1.00	₹250.00	₹0.00	₹250.00
37	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
38	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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39	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
40	CBC	1.00	₹650.00	₹0.00	₹650.00
41	ALBUMIN	1.00	₹225.00	₹0.00	₹225.00
42	RENAL FUNCTION TEST	1.00	₹1,838.00	₹0.00	₹1,838.00
43	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
44	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
45	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
46	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
47	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
48	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
49	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹8,000.00
50	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00
51	PROFESSIONAL FEES(Dr.VISHNU BABU)	1.00	₹2,000.00	₹0.00	₹2,000.00

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52	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹30,000.00
53	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,500.00	₹0.00	₹2,500.00
54	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
55	PROFESSIONAL FEES(Dr.KARTIK NATARAJAN)	1.00	₹6,000.00	₹0.00	₹6,000.00
56	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹6,000.00	₹0.00	₹6,000.00
57	HAEMOGLOBIN	1.00	₹250.00	₹0.00	₹250.00
58	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹12,000.00
59	POTASSIUM (K +)	1.00	₹313.00	₹0.00	₹313.00
60	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
61	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹125,821.00**
		Discount Amount	:		**₹3,000.00**
		Net Amount	:		**₹ 122,821.00**
		Amount Received	:		**₹ 32,821.00**

Received Amount in Words : **One Hundred Twenty-Two Thousand Eight Hundred Twenty-One Only**

SRINIVASAN
Authorised Signature