Out Patient Bill

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
2	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
3	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
4	RENAL FUNCTION TEST	1.00	₹1,680.00	₹0.00	₹1,680.00
5	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
6	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
7	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
8	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
9	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹720.00	₹0.00	₹720.00
10	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
11	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
12	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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
13	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹864.00	₹0.00	₹864.00
14	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00
15	PROTHROMBIN TIME	1.00	₹504.00	₹0.00	₹504.00
16	CLOTTING TIME	1.00	₹173.00	₹0.00	₹173.00
17	BLEEDING TIME	1.00	₹173.00	₹0.00	₹173.00
18	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹4,838.00	₹0.00	₹4,838.00
19	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹173.00	₹0.00	₹519.00
20	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹173.00	₹0.00	₹519.00
21	NURSING CHARGE - SINGLE DELUXE ROOM	.50 days	₹800.00	₹0.00	₹3,600.00
22	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹4,000.00
23	PHARMACY CHARGE	1.00	₹28,946.00	₹0.00	₹28,946.00
24	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹6,000.00
25	PROFESSIONAL FEES(Dr.VASUDEVAN)	1.00	₹4,950.00	₹0.00	₹4,950.00

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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
26	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹15,000.00
27	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,750.00	₹0.00	₹2,750.00
28	BED CHARGES - SINGLE DELUXE ROOM	.50 days	₹4,950.00	₹0.00	₹22,275.00
29	PROFESSIONAL FEES(Dr.AYYAPPAN.M.K)	1.00	₹1,650.00	₹0.00	₹1,650.00
30	DMO CHARGE	.50 days	₹750.00	₹0.00	₹3,375.00
31	OTHER ADDITION	1.00	₹1,005.00	₹0.00	₹1,005.00
32	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹9,900.00	₹0.00	₹9,900.00
33	GRAM STAIN FOR URINE	1.00	₹300.00	₹0.00	₹300.00
34	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
35	URINE CULTURE & SENSITIVITY	1.00	₹1,125.00	₹0.00	₹1,125.00
36	GRAM STAIN	1.00	₹300.00	₹0.00	₹300.00
37	DIET CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
38	RAPID ANTIGEN FOR COVID IP	1.00	₹1,500.00	₹0.00	₹1,500.00

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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
39	WOUND SWAB CULTURE & SENSITIVITY	1.00	₹1,050.00	₹0.00	₹1,050.00
40	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
41	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
42	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
43	RENAL FUNCTION TEST	1.00	₹1,750.00	₹0.00	₹1,750.00
44	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹150.00	₹0.00	₹600.00
45	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
46	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹750.00	₹0.00	₹750.00
47	ABG BLOOD GAS	1.00	₹900.00	₹0.00	₹900.00
48	BLOOD C/S	2.00	₹3,500.00	₹0.00	₹7,000.00
49	MONITOR CHARGE 1 DAY	2.00	₹2,000.00	₹0.00	₹4,000.00
50	LIVER FUNCTION TEST	1.00	₹1,000.00	₹0.00	₹1,000.00
51	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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
52	RIGHT ARTERIAL LOWER LIMB	1.00	₹2,500.00	₹0.00	₹2,500.00
53	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹132.00	₹0.00	₹132.00
54	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
55	HBA1C	1.00	₹825.00	₹0.00	₹825.00
56	SODIUM (NA +)	1.00	₹313.00	₹0.00	₹313.00
57	POTASSIUM (K +)	1.00	₹375.00	₹0.00	₹375.00
58	VENOUS- LOWER LIMP (R)	1.00	₹2,000.00	₹0.00	₹2,000.00
59	MICROALBUMINURIA - SPOT	1.00	₹936.00	₹0.00	₹936.00
60	TOTAL WBC COUNT	1.00	₹150.00	₹0.00	₹150.00
61	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹660.00	₹0.00	₹660.00
62	LIPID PROFILE	1.00	₹900.00	₹0.00	₹900.00
63	DIETICIAN FEES - IP	1.00	₹500.00	₹0.00	₹500.00
64	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00

Patient Name	: **Mr.ARUNACHALAM. K.G**	**Bill No**	: MMH/MH/IP202400981
Patient Id	: **MMH202371247**	**Bill Date**	: 06/05/2024 5:56:41PM
Age/Gender	: 70 Y 9 M 3 D/Male	**Visit Report Id**	: MMH202371247-IP001
Phone Number	: 9841010932	**Payment Mode**	: CHEQUE
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 27/04/2024 12:32:33PM	**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
65	TSH 3RD GENERATION (HS TSH)	1.00	₹864.00	₹0.00	₹864.00
66	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹144.00	₹0.00	₹432.00
67	FOOT AP/OBLIQUE VIEW (RIGHT)	1.00	₹720.00	₹0.00	₹720.00
68	INFUSION PUMP CHARGE 1 DAY	1.50	₹1,000.00	₹0.00	₹1,500.00
69	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00

Total Amount	:	**₹155,701.00**
Discount Amount	:	**₹9,392.00**
Net Amount	:	**₹ 146,309.00**
Amount Received	:	**₹ 31,540.00**
Due Amount	:	**₹ 935.00**

Received Amount in Words : **Sixty-One Thousand Five Hundred Forty Only**

SATHISH KUMAR.S
Authorised Signature