Out Patient Bill

Patient Name	: **Mrs.SAILAJA DEVI S**	**Bill No**	: MMH/MH/IP202401090
Patient Id	: **MMH202476944**	**Bill Date**	: 22/05/2024 12:44:00PM
Age/Gender	: 55 Y 11 M 27 D/Female	**Visit Report Id**	: MMH202476944-IP001
Phone Number	: 9003344152	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 14/05/2024 11:48:50AM	**Entity Name**	: FUTURE GENERALI INDIA IN
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹864.00	₹0.00	₹864.00
2	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
3	MRI SPINE	1.00	₹15,000.00	₹0.00	₹15,000.00
4	ESR	1.00	₹288.00	₹0.00	₹288.00
5	DIET CHARGES	5.00	₹500.00	₹0.00	₹2,500.00
6	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
7	PROTHROMBIN TIME	1.00	₹504.00	₹0.00	₹504.00
8	HAND AP/OBLIQUE (LEFT)	1.00	₹864.00	₹0.00	₹864.00
9	BLEEDING TIME	1.00	₹173.00	₹0.00	₹173.00
10	CLOTTING TIME	1.00	₹173.00	₹0.00	₹173.00
11	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
12	MICROALBUMINURIA - SPOT	1.00	₹1,123.00	₹0.00	₹1,123.00

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13	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
14	MRI BRAIN WITH ANGIOGRAM AND VENOGRAM	1.00	₹22,200.00	₹0.00	₹22,200.00
15	CBC	1.00	₹936.00	₹0.00	₹936.00
16	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹4,838.00	₹0.00	₹4,838.00
17	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
18	HBA1C	1.00	₹1,080.00	₹0.00	₹1,080.00
19	25-OH VITAMIN D3	1.00	₹2,592.00	₹0.00	₹2,592.00
20	TOURNIQUET	1.00	₹650.00	₹0.00	₹650.00
21	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹173.00	₹0.00	₹692.00
22	THYROID PROFILE (FREE)	1.00	₹1,728.00	₹0.00	₹1,728.00
23	MONITOR CHARGE ½ DAY	1.00	₹1,000.00	₹0.00	₹1,000.00
24	URINE ROUTINE ANALYSIS	1.00	₹259.00	₹0.00	₹259.00
25	VITAMIN B 12	1.00	₹1,728.00	₹0.00	₹1,728.00

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26	OT 1 CHARGES	0.50	₹7,000.00	₹0.00	₹3,500.00
27	LIPID PROFILE	1.00	₹1,080.00	₹0.00	₹1,080.00
28	URINE CULTURE & SENSITIVITY	1.00	₹1,296.00	₹0.00	₹1,296.00
29	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹173.00	₹0.00	₹519.00
30	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
31	TOTAL WBC COUNT	1.00	₹173.00	₹0.00	₹173.00
32	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹173.00	₹0.00	₹1,038.00
33	SSEP (SOMATO SENSORY EVOKED POTENTIALS)	1.00	₹9,000.00	₹0.00	₹9,000.00
34	DIGITAL X-RAY III	4.00	₹1,440.00	₹0.00	₹5,760.00
35	DMO CHARGE - SINGLE ROOM	.00 days	₹750.00	₹0.00	₹3,000.00
36	PROFESSIONAL FEES(Dr.SAKTHIVEL)	1.00	₹1,100.00	₹0.00	₹1,100.00
37	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹5,500.00	₹0.00	₹5,500.00
38	OTHER ADDITION	1.00	₹51,182.00	₹0.00	₹51,182.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	NURSING CHARGE - SINGLE ROOM	.00 days	₹800.00	₹0.00	₹3,200.00
40	BED CHARGES - SINGLE ROOM	.00 days	₹4,200.00	₹0.00	₹16,800.00
41	PROFESSIONAL FEES(Dr.ARUN KUMAR.I)	1.00	₹11,000.00	₹0.00	₹11,000.00
42	PHARMACY CHARGE	1.00	₹17,474.00	₹0.00	₹17,474.00
43	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹1,100.00	₹0.00	₹1,100.00

Total Amount	:	**₹200,312.00**
Discount Amount	:	**₹5,171.00**
Net Amount	:	**₹ 195,141.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK.S
Authorised Signature