Out Patient Bill

Patient Name	: **Mrs.KALYANI V**	**Bill No**	: MMH/MH/IP202401092
Patient Id	: **MMH202476045**	**Bill Date**	: 22/05/2024 1:32:59PM
Age/Gender	: 69 Y 10 M 21 D/Female	**Visit Report Id**	: MMH202476045-IP003
Phone Number	: 9940047345	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 12/05/2024 9:48:09AM	**Entity Name**	: STAR HEALTH AND ALLIED I
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: STAR HEALTH AND ALLIED IN
Claim No	: CIR/2025/111116/0223192		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
2	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
3	BLOOD C/S	1.00	₹4,200.00	₹0.00	₹4,200.00
4	ALPHA BED	4.00	₹400.00	₹0.00	₹1,600.00
5	BLOOD C/S	1.00	₹4,200.00	₹0.00	₹4,200.00
6	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
7	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
8	VENTILATOR NIV CHARGE	3.00	₹8,000.00	₹0.00	₹24,000.00
9	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
10	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
11	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
12	CBC	1.00	₹976.00	₹0.00	₹976.00

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13	SYRINGE PUMP CHARGE	5.00	₹1,000.00	₹0.00	₹5,000.00
14	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
15	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
16	BLOOD C/S	1.00	₹4,200.00	₹0.00	₹4,200.00
17	GRAM STAIN	1.00	₹360.00	₹0.00	₹360.00
18	MONITOR CHARGE 1 DAY	5.00	₹2,000.00	₹0.00	₹10,000.00
19	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
20	RAPID ANTIGEN FOR COVID IP	1.00	₹1,800.00	₹0.00	₹1,800.00
21	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
22	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
23	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
24	BLOOD C/S	1.00	₹4,200.00	₹0.00	₹4,200.00
25	OXYGEN CHARGE 1 DAY	4.00	₹4,000.00	₹0.00	₹16,000.00

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26	URINE SPOT SODIUM	1.00	₹450.00	₹0.00	₹450.00
27	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
28	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
29	URINE OSMOLALITY	1.00	₹1,170.00	₹0.00	₹1,170.00
30	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
31	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
32	T3 (FREE)	1.00	₹630.00	₹0.00	₹630.00
33	TSH 3RD GENERATION (HS TSH)	1.00	₹1,080.00	₹0.00	₹1,080.00
34	T4 (FREE)	1.00	₹756.00	₹0.00	₹756.00
35	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
36	DIET CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
37	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
38	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
40	SERUM OSMOLALITY	1.00	₹1,350.00	₹0.00	₹1,350.00
41	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
42	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
43	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
44	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
45	NERVE CONDUCTION STUDY	1.00	₹7,800.00	₹0.00	₹7,800.00
46	VITAMIN B 12	1.00	₹1,800.00	₹0.00	₹1,800.00
47	CORTISOL (PM)	1.00	₹1,080.00	₹0.00	₹1,080.00
48	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
49	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
50	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
51	PHYSIOTHERAPHY CHARGES	1.00	₹700.00	₹0.00	₹700.00

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52	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
53	CORTISOL (AM)	1.00	₹1,080.00	₹0.00	₹1,080.00
54	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
55	NT- PRO BNP	1.00	₹2,310.00	₹0.00	₹2,310.00
56	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
57	NEBULIZER CHARGE	3.00	₹150.00	₹0.00	₹450.00
58	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
59	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
60	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
61	DRESSING CHARGES	1.00	₹450.00	₹0.00	₹450.00
62	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
63	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
64	ALBUMIN	1.00	₹270.00	₹0.00	₹270.00

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65	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
66	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00
67	AMBULANCE CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
68	TOTAL WBC COUNT	1.00	₹173.00	₹0.00	₹173.00
69	BIPAP CHARGE	1.00	₹2,500.00	₹0.00	₹2,500.00
70	ELECTROLYTES	1.00	₹1,080.00	₹0.00	₹1,080.00
71	NEBULIZER CHARGE	2.00	₹150.00	₹0.00	₹300.00
72	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
73	DMO CHARGE	.50 days	₹750.00	₹0.00	₹1,125.00
74	PROFESSIONAL FEES(Dr.VISHNUBABU.G)	1.00	₹2,200.00	₹0.00	₹2,200.00
75	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹9,000.00
76	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹2,200.00	₹0.00	₹2,200.00
77	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹2,750.00	₹0.00	₹2,750.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
78	BED CHARGES - SINGLE DELUXE ROOM	.50 days	₹4,950.00	₹0.00	₹7,425.00
79	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹6,000.00
80	PROFESSIONAL FEES(Dr.SREENIVAS.U.M)	1.00	₹2,200.00	₹0.00	₹2,200.00
81	NURSING CHARGE - SINGLE DELUXE ROOM	.50 days	₹800.00	₹0.00	₹1,200.00
82	OTHER ADDITION	1.00	₹32,411.00	₹0.00	₹32,411.00
83	PHARMACY CHARGE	1.00	₹100,130.00	₹0.00	₹100,130.0
84	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹22,500.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹340,717.00**
		Discount Amount	:		**₹34,000.00**
		Net Amount	:		**₹ 306,717.00**
		Amount Received	:		**₹ 0.00**
		Due Amount	:		**₹ 156,831.00**

Received Amount in Words : **One Thousand Only**

KARTHIK C

Authorised Signature