Out Patient Bill

Patient Name	: **Mr.JAGATHPATHI P**	**Bill No**	: MMH/MH/IP202401149
Patient Id	: **MH24805**	**Bill Date**	: 28/05/2024 3:26:04PM
Age/Gender	: 84 Y 5 M 9 D/Male	**Visit Report Id**	: MH24805-IP001
Phone Number	: 9841423572	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: Insurance
Visit Date	: 17/05/2024 7:58:49PM	**Entity Name**	: STAR HEALTH AND ALLIED I
Speciality	: GENERAL PHYSICIAN & DIAE	**TPA**	: STAR HEALTH AND ALLIED IN
Claim No	: CRI/2025/121318/0242679		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	UREA	1.00	₹288.00	₹0.00	₹288.00
2	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
3	ESR	1.00	₹288.00	₹0.00	₹288.00
4	ABG BLOOD GAS	1.00	₹1,037.00	₹0.00	₹1,037.00
5	BLOOD C/S	1.00	₹4,032.00	₹0.00	₹4,032.00
6	ELECTROLYTES	1.00	₹1,080.00	₹0.00	₹1,080.00
7	DENGUE NS1 ELFA	1.00	₹2,074.00	₹0.00	₹2,074.00
8	CREATININE	1.00	₹288.00	₹0.00	₹288.00
9	CBC	1.00	₹936.00	₹0.00	₹936.00
10	MALARAIAL PARASITE (RAPID TEST)	1.00	₹518.00	₹0.00	₹518.00
11	DENGUE IG M ELFA	1.00	₹1,382.00	₹0.00	₹1,382.00
12	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	HBA1C	1.00	₹1,080.00	₹0.00	₹1,080.00
14	MONITOR CHARGE 1 DAY	2.00	₹1,000.00	₹0.00	₹2,000.00
15	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
16	URINE CULTURE & SENSITIVITY	1.00	₹1,296.00	₹0.00	₹1,296.00
17	MICROALBUMINURIA - SPOT	1.00	₹1,123.00	₹0.00	₹1,123.00
18	URINE ROUTINE ANALYSIS	1.00	₹259.00	₹0.00	₹259.00
19	CHEST PA VIEW	1.00	₹720.00	₹0.00	₹720.00
20	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
21	H1N1-INFLUENZA	1.00	₹6,912.00	₹0.00	₹6,912.00
22	PROCALCITONIN-PCT	1.00	₹3,456.00	₹0.00	₹3,456.00
23	CT ABDOMEN - IP	1.00	₹7,200.00	₹0.00	₹7,200.00
24	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
25	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00

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26	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
27	NT- PRO BNP	1.00	₹2,310.00	₹0.00	₹2,310.00
28	S.G.P.T. (ALT)	1.00	₹270.00	₹0.00	₹270.00
29	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
30	OXYGEN CHARGE 1 DAY	1.00	₹3,000.00	₹0.00	₹3,000.00
31	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
32	LEPTOSPIRA IGM	1.00	₹2,176.00	₹0.00	₹2,176.00
33	SYRINGE PUMP CHARGE	2.00	₹1,000.00	₹0.00	₹2,000.00
34	SCRUB TYPHUS AB (O.TSUTSUGAMUSHI)	1.00	₹2,160.00	₹0.00	₹2,160.00
35	VENTILATOR CHARGE 1 DAY	1.00	₹10,000.00	₹0.00	₹10,000.00
36	S.G.O.T. (AST)	1.00	₹270.00	₹0.00	₹270.00
37	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
38	BILIRUBIN - TOTAL	1.00	₹270.00	₹0.00	₹270.00

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39	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
40	ABG BLOOD GAS	1.00	₹1,080.00	₹0.00	₹1,080.00
41	BLOOD C/S	2.00	₹4,200.00	₹0.00	₹8,400.00
42	CREATININE	1.00	₹300.00	₹0.00	₹300.00
43	BLOOD C/S	2.00	₹4,200.00	₹0.00	₹8,400.00
44	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
45	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
46	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
47	ESR	1.00	₹288.00	₹0.00	₹288.00
48	SYRINGE PUMP CHARGE	1.00	₹1,000.00	₹0.00	₹1,000.00
49	CHEST X-RAY - BEDSIDE	1.00	₹864.00	₹0.00	₹864.00
50	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
51	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00

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52	NT- PRO BNP	1.00	₹2,218.00	₹0.00	₹2,218.00
53	CBC	1.00	₹936.00	₹0.00	₹936.00
54	T3 (FREE)	1.00	₹605.00	₹0.00	₹605.00
55	DIETICIAN FEES - IP	6.00	₹500.00	₹0.00	₹3,000.00
56	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
57	TSH 3RD GENERATION (HS TSH)	1.00	₹1,037.00	₹0.00	₹1,037.00
58	T4 (FREE)	1.00	₹726.00	₹0.00	₹726.00
59	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
60	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
61	NURSING CHARGE - SINGLE DELUXE ROOM	.50 days	₹800.00	₹0.00	₹1,200.00
62	OTHER ADDITION	1.00	₹15,130.00	₹0.00	₹15,130.00
63	DMO CHARGE	.50 days	₹750.00	₹0.00	₹1,125.00
64	PROFESSIONAL FEES(Dr.G. GNANAVELU)	1.00	₹3,300.00	₹0.00	₹3,300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
65	DMO CHARGE	.00 days	₹750.00	₹0.00	₹2,250.00
66	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹15,000.00
67	PROFESSIONAL FEES(Dr.SALAI SUDHAN)	1.00	₹1,650.00	₹0.00	₹1,650.00
68	NURSING CHARGE - SINGLE DELUXE ROOM	.00 days	₹800.00	₹0.00	₹2,400.00
69	PROFESSIONAL FEES(Dr.SURESH KUMAR)	1.00	₹8,250.00	₹0.00	₹8,250.00
70	BED CHARGES - SINGLE DELUXE ROOM	.50 days	₹4,950.00	₹0.00	₹7,425.00
71	PROFESSIONAL FEES(Dr.Dr.ELAKIYA)	1.00	₹3,300.00	₹0.00	₹3,300.00
72	NURSING CHARGE - ICU	.00 days	₹2,000.00	₹0.00	₹4,000.00
73	PHARMACY CHARGE	1.00	₹53,909.00	₹0.00	₹53,909.00
74	INTENSIVIST PROFESSIONAL CHARGE - ICU	.00 days	₹3,000.00	₹0.00	₹6,000.00
75	BED CHARGES - SINGLE DELUXE ROOM	.00 days	₹4,950.00	₹0.00	₹14,850.00
76	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	1.00	₹6,600.00	₹0.00	₹6,600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹255,584.00**
		Discount Amount	:		**₹20,200.00**
		Net Amount	:		**₹ 235,384.00**
		Amount Received	:		**₹ 0.00**

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

SATHISH KUMAR.S

Authorised Signature