## Out Patient Bill

| | | | |
|---|---|---|---|
| **Patient Name** | : **Dr.PREM KUMAR K S** | **Bill No** | : MMH/MH/IP202401162 |
| **Patient Id** | : **MH30615** | **Bill Date** | : 30/05/2024 1:16:37PM |
| **Age/Gender** | : 52 Y 3 M 12 D/Male | **Visit Report Id** | : MH30615-IP002 |
| **Phone Number** | : 9443019248 | **Payment Mode** | : |
| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : Insurance |
| **Visit Date** | : 08/05/2024 11:35:59PM | **Entity Name** | : NOT CONFIRMED |
| **Speciality** | : GENERAL PHYSICIAN & DIAE | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | ADMINISTRATION CHARGES | 1.00 | ₹350.00 | ₹0.00 | ₹350.00 |
| 2 | OT 1 CHARGES | 1.00 | ₹9,750.00 | ₹0.00 | ₹9,750.00 |
| 3 | INSTRUMENT CHARGES | 1.00 | ₹1,500.00 | ₹0.00 | ₹1,500.00 |
| 4 | DIETICIAN FEES - IP | 1.00 | ₹500.00 | ₹0.00 | ₹500.00 |
| 5 | SEVOFLOURANE | 1.00 | ₹2,500.00 | ₹0.00 | ₹2,500.00 |
| 6 | CREATININE | 1.00 | ₹288.00 | ₹0.00 | ₹288.00 |
| 7 | CT ABDOMEN - IP | 1.00 | ₹7,200.00 | ₹0.00 | ₹7,200.00 |
| 8 | DISPOSABLE PACK CHARGE | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 9 | DIET CHARGES | 2.00 | ₹500.00 | ₹0.00 | ₹1,000.00 |
| 10 | FENTANYL | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 11 | TOTAL WBC COUNT | 1.00 | ₹173.00 | ₹0.00 | ₹173.00 |
| 12 | INSTRUMENT CHARGES | 1.00 | ₹35,000.00 | ₹0.00 | ₹35,000.00 |

| | | | |
|---|---|---|---|
| **Patient Name** | : **Dr.PREM KUMAR K S** | **Bill No** | : MMH/MH/IP202401162 |
| **Patient Id** | : **MH30615** | **Bill Date** | : 30/05/2024 1:16:37PM |
| **Age/Gender** | : 52 Y 3 M 12 D/Male | **Visit Report Id** | : MH30615-IP002 |
| **Phone Number** | : 9443019248 | **Payment Mode** | : |
| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : Insurance |
| **Visit Date** | : 08/05/2024 11:35:59PM | **Entity Name** | : NOT CONFIRMED |
| **Speciality** | : GENERAL PHYSICIAN & DIAE | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 13 | ACCU FLOW MONITOR | 1.00 | ₹600.00 | ₹0.00 | ₹600.00 |
| 14 | CATHETERIZATION CHARGES | 1.00 | ₹500.00 | ₹0.00 | ₹500.00 |
| 15 | CT SCREENING - ABDOMEN | 1.00 | ₹4,200.00 | ₹0.00 | ₹4,200.00 |
| 16 | RENAL STONE ANALYSIS | 1.00 | ₹4,608.00 | ₹0.00 | ₹4,608.00 |
| 17 | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹173.00 | ₹0.00 | ₹173.00 |
| 18 | PROFESSIONAL FEES(Dr.GOVINDARAJAN) | 1.00 | ₹20,000.00 | ₹0.00 | ₹20,000.00 |
| 19 | PHARMACY CHARGE | 1.00 | ₹18,985.00 | ₹0.00 | ₹18,985.00 |
| 20 | PROFESSIONAL FEES(Dr.SATHISH BABU) | 1.00 | ₹6,000.00 | ₹0.00 | ₹6,000.00 |
| 21 | PROFESSIONAL FEES(Dr.SUBRAMANIYAM ) | 1.00 | ₹1,000.00 | ₹0.00 | ₹1,000.00 |
| 22 | DMO CHARGE | .00 days | ₹750.00 | ₹0.00 | ₹1,500.00 |
| 23 | OTHER ADDITION | 1.00 | ₹21,295.00 | ₹0.00 | ₹21,295.00 |
| 24 | NURSING CHARGE - SINGLE DELUXE ROOM | .00 days | ₹800.00 | ₹0.00 | ₹1,600.00 |
| 25 | BED CHARGES - SINGLE DELUXE ROOM | .00 days | ₹4,950.00 | ₹0.00 | ₹9,900.00 |

| | | | |
|---|---|---|---|
| **Patient Name** | : **Dr.PREM KUMAR K S** | **Bill No** | : MMH/MH/IP202401162 |
| **Patient Id** | : **MH30615** | **Bill Date** | : 30/05/2024 1:16:37PM |
| **Age/Gender** | : 52 Y 3 M 12 D/Male | **Visit Report Id** | : MH30615-IP002 |
| **Phone Number** | : 9443019248 | **Payment Mode** | : |
| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : Insurance |
| **Visit Date** | : 08/05/2024 11:35:59PM | **Entity Name** | : NOT CONFIRMED |
| **Speciality** | : GENERAL PHYSICIAN & DIAE | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| | | **Total Amount** | : | | **₹149,022.00** |
| | | **Discount Amount** | : | | **₹31,096.00** |
| | | **Net Amount** | : | | **₹ 117,926.00** |
| | | **Amount Received** | : | | **₹ 0.00** |

**Received Amount in Words** : **One Hundred Twelve Thousand Four Hundred Sixty-Six Only**

SATHISH KUMAR.S
**Authorised Signature**