

Out Patient Bill

Patient Name	: Mr.HARLR	Bill No	: MMH/CM/IP202401541
Patient Id	: MHC202418585	Bill Date	: 06/06/2024 1:31:14PM
Age/Gender	: 65 Y 0 M 3 D/Male	Visit Report Id	: MHC202418585-IP001
Phone Number	: 7868050603	Payment Mode	:
Doctor Name	: Dr.ARTHI	Entity Type	: Insurance
Visit Date	: 6/3/2024 12:44:59PM	Entity Name	: STAR HEALTH AND ALLIED IN
Speciality	: ANAESTHETIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹290.00	₹0.00	₹290.00
2	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
3	CBC	1.00	₹605.00	₹0.00	₹605.00
4	HBA1C	1.00	₹864.00	₹0.00	₹864.00
5	CREATININE	1.00	₹216.00	₹0.00	₹216.00
6	CHEST X-RAY	1.00	₹510.00	₹0.00	₹510.00
7	URINE COMPLETE EXAMINATION	1.00	₹288.00	₹0.00	₹288.00
8	UREA	1.00	₹216.00	₹0.00	₹216.00
9	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
10	ELECTROLYTES	1.00	₹811.00	₹0.00	₹811.00
11	GLUCOSE (RANDOM)	1.00	₹108.00	₹0.00	₹108.00
12	LIPID PROFILE	1.00	₹864.00	₹0.00	₹864.00

Patient Name	: Mr.HARI.R	Bill No	: MMH/CM/IP202401541
Patient Id	: MHC202418585	Bill Date	: 06/06/2024 1:31:14PM
Age/Gender	: 65 Y 0 M 3 D/Male	Visit Report Id	: MHC202418585-IP001
Phone Number	: 7868050603	Payment Mode	:
Doctor Name	: Dr.ARTHI	Entity Type	: Insurance
Visit Date	: 6/3/2024 12:44:59PM	Entity Name	: STAR HEALTH AND ALLIED IN
Speciality	: ANAESTHETIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
14	NURSING CHARGES	2.00	₹250.00	₹0.00	₹500.00
15	GLUCOSE (FASTING)	1.00	₹108.00	₹0.00	₹108.00
16	PROFESSIONAL FEES(Dr.ILANCHET CHENNI)	3.00	₹600.00	₹0.00	₹1,800.00
17	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
18	REGISTRATION CHARGES	1.00	₹250.00	₹0.00	₹250.00
19	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
20	MONITOR CHARGE 1 DAY	1.00	₹1,000.00	₹0.00	₹1,000.00
21	DISINFECTANT CHARGE	1.00	₹100.00	₹0.00	₹100.00
22	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹3,000.00	₹0.00	₹3,000.00
23	CT - BRAIN PLAIN	1.00	₹1,560.00	₹0.00	₹1,560.00
24	CALCIUM	1.00	₹346.00	₹0.00	₹346.00
25	DMO	1.00	₹500.00	₹0.00	₹500.00

Patient Name	: Mr.HARI.R	Bill No	: MMH/CM/IP202401541
Patient Id	: MHC202418585	Bill Date	: 06/06/2024 1:31:14PM
Age/Gender	: 65 Y 0 M 3 D/Male	Visit Report Id	: MHC202418585-IP001
Phone Number	: 7868050603	Payment Mode	:
Doctor Name	: Dr.ARTHI	Entity Type	: Insurance
Visit Date	: 6/3/2024 12:44:59PM	Entity Name	: STAR HEALTH AND ALLIED IN
Speciality	: ANAESTHETIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
26	GLUCOSE (FASTING)	1.00	₹108.00	₹0.00	₹108.00
27	VITAMIN B 12	1.00	₹1,728.00	₹0.00	₹1,728.00
28	PHARMACY CHARGE	1.00	₹2,775.00	₹0.00	₹2,775.00
29	BED CHARGES - GENERAL WARD	1.00 days	₹1,500.00	₹0.00	₹1,500.00
30	OTHER ADDITION	1.00	₹5,115.00	₹0.00	₹5,115.00
31	BED CHARGES - ICU	1.00 days	₹3,300.00	₹0.00	₹3,300.00

Total Amount	:	₹30,333.00
Discount Amount	:	₹8,865.00
Net Amount	:	₹ 21,468.00
Amount Received	:	₹ 0.00

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

IMANUVEL
Authorised Signature