Out Patient Bill

Patient Name	: **Mr.ATHISH.P**	**Bill No**	: MMH/CM/IP202401294
Patient Id	: **MHC202415552**	**Bill Date**	: 10/05/2024 1:26:28PM
Age/Gender	: 31 Y 0 M 6 D/Male	**Visit Report Id**	: MHC202415552-IP001
Phone Number	: 9994752753	**Payment Mode**	:
Doctor Name	: Dr.ARTHI	**Entity Type**	: Insurance
Visit Date	: 04/05/2024 12:49:49AM	**Entity Name**	: GO DIGIT GENERAL INSURAI
Speciality	: ANAESTHETIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CT - BRAIN PLAIN	1.00	₹2,000.00	₹0.00	₹2,000.00
2	UREA	1.00	₹150.00	₹0.00	₹150.00
3	BLOOD GROUP AND RH TYPE	1.00	₹216.00	₹0.00	₹216.00
4	REGISTRATION CHARGES	1.00	₹250.00	₹0.00	₹250.00
5	VDRL TEST	1.00	₹500.00	₹0.00	₹500.00
6	NURSING CHARGES	3.50	₹250.00	₹0.00	₹875.00
7	ANTI HCV - CARD	1.00	₹1,200.00	₹0.00	₹1,200.00
8	CREATININE	1.00	₹150.00	₹0.00	₹150.00
9	HBSAG - CARD	1.00	₹250.00	₹0.00	₹250.00
10	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
11	BLEEDING TIME	1.00	₹120.00	₹0.00	₹120.00
12	CLOTTING TIME	1.00	₹120.00	₹0.00	₹120.00

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13	DMO	2.50	₹500.00	₹0.00	₹1,250.00
14	DISINFECTANT CHARGE	1.00	₹100.00	₹0.00	₹100.00
15	HIV I AND II	1.00	₹360.00	₹0.00	₹360.00
16	GLUCOSE (RANDOM)	1.00	₹75.00	₹0.00	₹75.00
17	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
18	CBC	1.00	₹420.00	₹0.00	₹420.00
19	SHOULDER AP VIEW (LEFT)	1.00	₹420.00	₹0.00	₹420.00
20	SHOULDER AP VIEW (LEFT)	1.00	₹420.00	₹0.00	₹420.00
21	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹240.00	₹0.00	₹240.00
22	CHEST X-RAY	1.00	₹420.00	₹0.00	₹420.00
23	OT CHARGES	1.00	₹15,000.00	₹0.00	₹15,000.00
24	SEVOFLOURANE	1.00	₹2,000.00	₹0.00	₹2,000.00
25	CT FACIAL BONE	1.00	₹4,000.00	₹0.00	₹4,000.00

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26	INJECTION CHARGE-I.M.	2.00	₹80.00	₹0.00	₹160.00
27	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹3,000.00	₹0.00	₹3,000.00
28	OT ASSISTANT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
29	DIETICIAN FEES - IP	1.00	₹300.00	₹0.00	₹300.00
30	PROFESSIONAL FEES(Dr.VELMURUGAN)	1.00	₹1,000.00	₹0.00	₹1,000.00
31	PHARMACY CHARGE	1.00	₹50,768.00	₹0.00	₹50,768.00
32	PROFESSIONAL FEES(Dr.ARTHI)	1.00	₹9,000.00	₹0.00	₹9,000.00
33	PROFESSIONAL FEES(Dr.ARVIND KUMAR)	1.00	₹43,000.00	₹0.00	₹43,000.00
34	BED CHARGES - ICU	.00 days	₹4,900.00	₹0.00	₹4,900.00
35	OTHER ADDITION	1.00	₹7,175.00	₹0.00	₹7,175.00
36	BED CHARGES - GENERAL WARD	.50 days	₹1,500.00	₹0.00	₹750.00
37	BED CHARGES - SINGLE PRIVATE ROOM A/C	.00 days	₹2,900.00	₹0.00	₹5,800.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹162,389.00**
		Discount Amount	:		**₹15,626.00**
		Net Amount	:		**₹ 146,763.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Thirty-Five Thousand Only**

IMANUVEL

Authorised Signature