Out Patient Bill

Patient Name	: **Mrs.MUTHULAKSHMI**	**Bill No**	: MMH/CM/IP202401474
Patient Id	: **MHC202417967**	**Bill Date**	: 31/05/2024 2:13:17PM
Age/Gender	: 35 Y 0 M 2 D/Female	**Visit Report Id**	: MHC202417967-IP001
Phone Number	: 9943071007	**Payment Mode**	:
Doctor Name	: Dr.ARTHI	**Entity Type**	: Insurance
Visit Date	: 29/05/2024 1:03:53PM	**Entity Name**	: STAR HEALTH AND ALLIED I
Speciality	: ANAESTHETIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	1.00	₹811.00	₹0.00	₹811.00
2	CBC	1.00	₹605.00	₹0.00	₹605.00
3	GLUCOSE (RANDOM)	1.00	₹108.00	₹0.00	₹108.00
4	LIVER FUNCTION TEST	1.00	₹1,152.00	₹0.00	₹1,152.00
5	UREA	1.00	₹216.00	₹0.00	₹216.00
6	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹240.00	₹0.00	₹240.00
7	CHEST X-RAY	1.00	₹420.00	₹0.00	₹420.00
8	CERVICAL SPINE AP & LAT	1.00	₹840.00	₹0.00	₹840.00
9	CREATININE	1.00	₹216.00	₹0.00	₹216.00
10	DISINFECTANT CHARGE	1.00	₹100.00	₹0.00	₹100.00
11	NURSING CHARGES	1.50	₹250.00	₹0.00	₹375.00
12	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00

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13	URINE ROUTINE ANALYSIS	1.00	₹144.00	₹0.00	₹144.00
14	REGISTRATION CHARGES	1.00	₹250.00	₹0.00	₹250.00
15	INTENSIVIST PROFESSIONAL CHARGES	1.50	₹3,000.00	₹0.00	₹4,500.00
16	PROFESSIONAL FEES(Dr.ANAND BABU)	1.00	₹1,000.00	₹0.00	₹1,000.00
17	DIETICIAN FEES - IP	1.00	₹300.00	₹0.00	₹300.00
18	PROFESSIONAL FEES(Dr.SHEETAL)	1.00	₹500.00	₹0.00	₹500.00
19	PHARMACY CHARGE	1.00	₹2,569.00	₹0.00	₹2,569.00
20	CT - BRAIN PLAIN	1.00	₹1,560.00	₹0.00	₹1,560.00
21	BED CHARGES - SDICU	.50 days	₹3,300.00	₹0.00	₹4,950.00
22	OTHER ADDITION	1.00	₹1,610.00	₹0.00	₹1,610.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹22,666.00**
		Discount Amount	:		**₹1,000.00**
		Net Amount	:		**₹ 21,666.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **One Thousand Six Hundred Ninety-Three Only**

SASI KUMAR.K

Authorised Signature