

Out Patient Bill

Patient Name	: Ms.AKALYA.N	Bill No	: MMH/MK/IP202400822
Patient Id	: MKB202403583	Bill Date	: 24/06/2024 2:54:13PM
Age/Gender	: 24 Y 0 M 3 D/Female	Visit Report Id	: MKB202403583-IP001
Phone Number	: 9629906500	Payment Mode	: CASH
Doctor Name	: Dr.S.ANAND	Entity Type	: CASH
Visit Date	: 6/21/2024 5:05:49PM	Entity Name	: CASH
Speciality	: CONSULTANT OBSTETRICS AN		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SEROLOGY (HIV/HBSAG/ANTI HCV)	1.00	₹720.00	₹0.00	₹720.00
2	GLUCOSE (RANDOM)	1.00	₹150.00	₹0.00	₹150.00
3	CBC	1.00	₹420.00	₹0.00	₹420.00
4	CREATININE	1.00	₹150.00	₹0.00	₹150.00
5	BLOOD GROUP AND RH TYPE	1.00	₹180.00	₹0.00	₹180.00
6	BLEEDING TIME	1.00	₹120.00	₹0.00	₹120.00
7	CLOTTING TIME	1.00	₹120.00	₹0.00	₹120.00
8	UREA	1.00	₹150.00	₹0.00	₹150.00
9	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
10	ADMISSION CHARGES	1.00	₹150.00	₹0.00	₹150.00
11	NURSING CHARGES	1.00	₹250.00	₹0.00	₹250.00
12	DMO	1.00	₹400.00	₹0.00	₹400.00

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13	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹200.00	₹0.00	₹200.00
14	DMO	1.00	₹400.00	₹0.00	₹400.00
15	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹200.00	₹0.00	₹200.00
16	LABOUR ROOM CHARGES	1.00	₹3,000.00	₹0.00	₹3,000.00
17	NURSING CHARGES	1.00	₹250.00	₹0.00	₹250.00
18	CATHETERIZATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
19	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹200.00	₹0.00	₹200.00
20	NURSING CHARGES	1.00	₹250.00	₹0.00	₹250.00
21	CBC	1.00	₹420.00	₹0.00	₹420.00
22	PROFESSIONAL FEES(Dr.S.ANAND)	1.00	₹22,500.00	₹0.00	₹22,500.00
23	BED CHARGES - GENERAL WARD	3.00 days	₹1,000.00	₹0.00	₹3,000.00
24	DMO	1.00	₹400.00	₹0.00	₹400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		₹34,030.00
		Discount Amount	:		₹3,000.00
		Net Amount	:		₹ 31,030.00
		Amount Received	:		₹ 31,030.00

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

MANIMEGALAIT
Authorised Signature