## Out Patient Bill

| | | | |
|---|---|---|---|
| **Patient Name** | : **Mr.RAJESH.R** | **Bill No** | : MMH/MK/IP202400655 |
| **Patient Id** | : **MKB202402929** | **Bill Date** | : 15/05/2024 3:08:16PM |
| **Age/Gender** | : 32 Y 0 M 4 D/Male | **Visit Report Id** | : MKB202402929-IP001 |
| **Phone Number** | : 9976677375 | **Payment Mode** | : CASH |
| **Doctor Name** | : Dr.S.JAMUNA | **Entity Type** | : CASH |
| **Visit Date** | : 11/05/2024 5:54:34PM | **Entity Name** | : CASH |
| **Speciality** | : ANAESTHETIST | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | DMO | 1.00 | ₹400.00 | ₹0.00 | ₹400.00 |
| 2 | ANCILLARY INSTRUMENT CHARGE | 1.00 | ₹2,000.00 | ₹0.00 | ₹2,000.00 |
| 3 | MLC REGISTRATION CHARGE (IP) | 1.00 | ₹1,500.00 | ₹0.00 | ₹1,500.00 |
| 4 | URINE COMPLETE EXAMINATION | 1.00 | ₹240.00 | ₹0.00 | ₹240.00 |
| 5 | NURSING CHARGES ICU | 1.00 | ₹350.00 | ₹0.00 | ₹350.00 |
| 6 | LIVER FUNCTION TEST | 1.00 | ₹960.00 | ₹0.00 | ₹960.00 |
| 7 | MEDICAL RECORD CHARGE | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 8 | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹120.00 | ₹0.00 | ₹120.00 |
| 9 | ADMISSION CHARGES | 1.00 | ₹150.00 | ₹0.00 | ₹150.00 |
| 10 | APTT | 1.00 | ₹840.00 | ₹0.00 | ₹840.00 |
| 11 | ELECTROLYTES | 1.00 | ₹676.00 | ₹0.00 | ₹676.00 |
| 12 | OXYGEN PER HOUR | 4.00 | ₹350.00 | ₹0.00 | ₹1,400.00 |

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| **Visit Date** | : 11/05/2024 5:54:34PM | **Entity Name** | : CASH |
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|---|---|---|---|---|---|
| 13 | PROTHROMBIN TIME | 1.00 | ₹420.00 | ₹0.00 | ₹420.00 |
| 14 | STERILIZATION AND DISINFECTANT CHARGES | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 15 | INTENSIVIST PROFESSIONAL CHARGES | 1.00 | ₹3,000.00 | ₹0.00 | ₹3,000.00 |
| 16 | MONITOR CHARGE 1 DAY | 1.00 | ₹600.00 | ₹0.00 | ₹600.00 |
| 17 | GLUCOSE (FASTING) | 1.00 | ₹136.00 | ₹0.00 | ₹136.00 |
| 18 | DMO | 1.00 | ₹400.00 | ₹0.00 | ₹400.00 |
| 19 | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 2.00 | ₹120.00 | ₹0.00 | ₹240.00 |
| 20 | STERILIZATION AND DISINFECTANT CHARGES | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 21 | ECHO - (IP) | 1.00 | ₹2,000.00 | ₹0.00 | ₹2,000.00 |
| 22 | MONITOR CHARGE 1 DAY | 1.00 | ₹600.00 | ₹0.00 | ₹600.00 |
| 23 | GLUCOSE (FASTING) | 1.00 | ₹136.00 | ₹0.00 | ₹136.00 |
| 24 | ELECTROLYTES | 1.00 | ₹676.00 | ₹0.00 | ₹676.00 |
| 25 | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00 | ₹120.00 | ₹0.00 | ₹120.00 |

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| **Doctor Name** | : Dr.S.JAMUNA | **Entity Type** | : CASH |
| **Visit Date** | : 11/05/2024 5:54:34PM | **Entity Name** | : CASH |
| **Speciality** | : ANAESTHETIST | | |

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|---|---|---|---|---|---|
| 26 | INTENSIVIST PROFESSIONAL CHARGES - MWC | 1.00 | ₹3,000.00 | ₹0.00 | ₹3,000.00 |
| 27 | NURSING CHARGES | 1.00 | ₹350.00 | ₹0.00 | ₹350.00 |
| 28 | LIVER FUNCTION TEST | 1.00 | ₹960.00 | ₹0.00 | ₹960.00 |
| 29 | LIVER FUNCTION TEST | 1.00 | ₹960.00 | ₹0.00 | ₹960.00 |
| 30 | STERILIZATION AND DISINFECTANT CHARGES | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 31 | BED CHARGES - ICU | .00 days | ₹4,100.00 | ₹0.00 | ₹8,200.00 |
| 32 | DMO | 1.00 | ₹400.00 | ₹0.00 | ₹400.00 |
| 33 | NURSING CHARGES | 1.00 | ₹250.00 | ₹0.00 | ₹250.00 |
| 34 | PROFESSIONAL FEES(Dr.S.JAMUNA) | 1.00 | ₹4,500.00 | ₹0.00 | ₹4,500.00 |
| 35 | NURSING CHARGES | 1.00 | ₹250.00 | ₹0.00 | ₹250.00 |
| 36 | LIVER FUNCTION TEST | 1.00 | ₹960.00 | ₹0.00 | ₹960.00 |
| 37 | STERILIZATION AND DISINFECTANT CHARGES | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 38 | BED CHARGES - SINGLE ROOM | .00 days | ₹2,000.00 | ₹0.00 | ₹4,000.00 |

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|---|---|---|---|---|---|
| 39 | DMO | 1.00 | ₹400.00 | ₹0.00 | ₹400.00 |

| | | |
|---|---|---|
| **Total Amount** | : | **₹42,194.00** |
| **Discount Amount** | : | **₹3,000.00** |
| **Net Amount** | : | **₹ 39,194.00** |
| **Amount Received** | : | **₹ 8,694.00** |

**Received Amount in Words** : **Thirty-Nine Thousand One Hundred Ninety-Four Only**

MANIMEGALAI.T
**Authorised Signature**