

## Out Patient Bill

**Patient Name** : Mr.MURUGAVEL.K  
**Patient Id** : MKB202403067  
**Age/Gender** : 61 Y 0 M 2 D/Male  
**Phone Number** : 8667684835  
**Doctor Name** : Dr.N.MOHAMMED SAGI  
**Visit Date** : 20/05/2024 10:59:27AM  
**Speciality** : ORTHOPAEDIC SURGEON

**Bill No** : MMH/MK/IP202400690  
**Bill Date** : 22/05/2024 9:04:32PM  
**Visit Report Id** : MKB202403067-IP001  
**Payment Mode** : CASH  
**Entity Type** : CASH  
**Entity Name** : CASH

| S.No | Description                           | Qty  | Unit Rate | Discount | Amount    |
|------|---------------------------------------|------|-----------|----------|-----------|
| 1    | DMO                                   | 1.00 | ₹400.00   | ₹0.00    | ₹400.00   |
| 2    | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹200.00   | ₹0.00    | ₹200.00   |
| 3    | NURSING CHARGES                       | 1.00 | ₹250.00   | ₹0.00    | ₹250.00   |
| 4    | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹200.00   | ₹0.00    | ₹200.00   |
| 5    | CATHETERIZATION CHARGES               | 1.00 | ₹200.00   | ₹0.00    | ₹200.00   |
| 6    | ADMISSION CHARGES                     | 1.00 | ₹150.00   | ₹0.00    | ₹150.00   |
| 7    | OT CHARGES                            | 1.00 | ₹7,500.00 | ₹0.00    | ₹7,500.00 |
| 8    | C-ARM MINIMUM                         | 1.00 | ₹1,400.00 | ₹0.00    | ₹1,400.00 |
| 9    | OXYGEN PER HOUR                       | 1.00 | ₹350.00   | ₹0.00    | ₹350.00   |
| 10   | HIP LATERAL (RIGHT)                   | 1.00 | ₹350.00   | ₹0.00    | ₹350.00   |
| 11   | PHYSIOTHERAPHY CHARGES                | 2.00 | ₹400.00   | ₹0.00    | ₹800.00   |
| 12   | CBG. ( CAPILLARY BLOOD GLUCOSE )      | 5.00 | ₹100.00   | ₹0.00    | ₹500.00   |

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|------|----------------------------------|----------|-----------|----------|-----------|
| 13   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00     | ₹100.00   | ₹0.00    | ₹100.00   |
| 14   | DIATHERMY CHARGES                | 1.00     | ₹150.00   | ₹0.00    | ₹150.00   |
| 15   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00     | ₹100.00   | ₹0.00    | ₹100.00   |
| 16   | MEDICAL RECORD CHARGE            | 1.00     | ₹200.00   | ₹0.00    | ₹200.00   |
| 17   | PHYSIOTHERAPHY CHARGES           | 1.00     | ₹400.00   | ₹0.00    | ₹400.00   |
| 18   | DMO                              | 1.00     | ₹400.00   | ₹0.00    | ₹400.00   |
| 19   | BED CHARGES - GENERAL WARD       | .00 days | ₹1,000.00 | ₹0.00    | ₹2,000.00 |
| 20   | NURSING CHARGES                  | 1.00     | ₹250.00   | ₹0.00    | ₹250.00   |
| 21   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 2.00     | ₹100.00   | ₹0.00    | ₹200.00   |
| 22   | CBG. ( CAPILLARY BLOOD GLUCOSE ) | 1.00     | ₹100.00   | ₹0.00    | ₹100.00   |
| 23   | DRESSING CHARGES                 | 1.00     | ₹300.00   | ₹0.00    | ₹300.00   |

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| S.No | Description     | Qty | Unit Rate | Discount | Amount      |
|------|-----------------|-----|-----------|----------|-------------|
|      | Total Amount    | :   |           |          | ₹16,500.00  |
|      | Discount Amount | :   |           |          | ₹500.00     |
|      | Net Amount      | :   |           |          | ₹ 16,000.00 |
|      | Amount Received | :   |           |          | ₹ 5,000.00  |

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

KRISHNAN  
**Authorised Signature**