

Out Patient Bill

Patient Name	: Mr.DAMODARAN NAIR	Bill No	: MMH/MM/IPM202400450
Patient Id	: MHM202405030	Bill Date	: 03/06/2024 7:28:30PM
Age/Gender	: 80 Y 0 M 4 D/Male	Visit Report Id	: MHM202405030-IP001
Phone Number	: 7358790855	Payment Mode	: UPI
Doctor Name	: Dr.ARAVINDH	Entity Type	: CASH
Visit Date	: 30/05/2024 11:03:44PM	Entity Name	: CASH
Speciality	: GENERAL SURGERY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹144.00	₹0.00	₹288.00
2	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
3	PROFESSIONAL FEES(Dr.SYED IQBAL)	1.00	₹1,000.00	₹0.00	₹1,000.00
4	DMO	2.00	₹800.00	₹0.00	₹1,600.00
5	PROFESSIONAL FEES(Dr.VAISHNAVI GANESAN)	1.00	₹1,000.00	₹0.00	₹1,000.00
6	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
7	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
8	NURSING CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
9	STERLIZATION AND DISINFECTION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
10	BED CHARGES - GENERAL WARD	.00 days	₹1,500.00	₹0.00	₹3,000.00
11	RENAL FUNCTION TEST	1.00	₹1,680.00	₹0.00	₹1,680.00
12	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	GLUCOSE (PP 2 HOURS)	1.00	₹180.00	₹0.00	₹180.00
14	HBA1C	1.00	₹982.00	₹0.00	₹982.00
15	URINE ROUTINE ANALYSIS	1.00	₹216.00	₹0.00	₹216.00
16	GLUCOSE (FASTING)	1.00	₹180.00	₹0.00	₹180.00
17	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
18	CBC	1.00	₹780.00	₹0.00	₹780.00

Total Amount	:	₹14,000.00
Discount Amount	:	₹7,000.00
Net Amount	:	₹ 7,000.00
Amount Received	:	₹ 7,000.00

Received Amount : Seven Thousand Only
in Words

SILAMBARASAN
Authorised Signature