Out Patient Bill

Patient Name	: **Mr.PADMANABAN. R**	**Bill No**	: MMH/MM/IPM202400451
Patient Id	: **MHM202404172**	**Bill Date**	: 03/06/2024 7:55:08PM
Age/Gender	: 60 Y 11 M 1 D/Male	**Visit Report Id**	: MHM202404172-IP002
Phone Number	: 8681977159	**Payment Mode**	:
Doctor Name	: Dr.ARAVINDH	**Entity Type**	: Insurance
Visit Date	: 02/06/2024 7:57:36AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL SURGERY	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
2	RENAL FUNCTION TEST	1.00	₹1,764.00	₹0.00	₹1,764.00
3	STERLIZATION AND DISINFECTION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
4	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
5	DIATHERMY CHARGES	1.00	₹608.00	₹0.00	₹608.00
6	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
7	CBC	1.00	₹820.00	₹0.00	₹820.00
8	NURSING CHARGES	1.00	₹600.00	₹0.00	₹600.00
9	OT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
10	PUS CULTURE & SENSITIVITY	1.00	₹1,134.00	₹0.00	₹1,134.00
11	PROTHROMBIN TIME	1.00	₹442.00	₹0.00	₹442.00
12	DMO	1.00	₹800.00	₹0.00	₹800.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL TP FEES	1.00	₹26,500.00	₹0.00	₹26,500.00
14	PHARMACY CHARGE	1.00	₹6,182.00	₹0.00	₹6,182.00
15	BED CHARGES - GENERAL WARD	.00 days	₹1,500.00	₹0.00	₹1,500.00

Total Amount	:	**₹46,900.00**
Discount Amount	:	**₹4,380.00**
Net Amount	:	**₹ 42,520.00**
Amount Received	:	**₹ 0.00**

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

SILAMBARASAN
Authorised Signature