Out Patient Bill

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹630.00	₹0.00	₹630.00
2	SCD CHARGE (DVT)	4.50	₹1,500.00	₹0.00	₹6,750.00
3	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
4	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
5	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹144.00	₹0.00	₹576.00
6	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
7	ABG WITH ELECTROLYTE (EG7+)	3.00	₹1,283.00	₹0.00	₹3,849.00
8	URINE ROUTINE ANALYSIS	1.00	₹216.00	₹0.00	₹216.00
9	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
10	NT- PRO BNP	1.00	₹3,600.00	₹0.00	₹3,600.00
11	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
12	MONITOR CHARGE 1 DAY	5.00	₹750.00	₹0.00	₹3,750.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
13	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
14	URINE CULTURE & SENSITIVITY	1.00	₹1,080.00	₹0.00	₹1,080.00
15	INTENSIVIST PROFESSIONAL CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
16	CT BRAIN - IP	1.00	₹3,600.00	₹0.00	₹3,600.00
17	THYROID PROFILE TOTAL	1.00	₹1,013.00	₹0.00	₹1,013.00
18	PROTHROMBIN TIME	1.00	₹300.00	₹0.00	₹300.00
19	APTT	1.00	₹540.00	₹0.00	₹540.00
20	HBA1C	1.00	₹630.00	₹0.00	₹630.00
21	D - DIMER	1.00	₹1,350.00	₹0.00	₹1,350.00
22	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
23	LIVER FUNCTION TEST	1.00	₹990.00	₹0.00	₹990.00
24	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
25	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,283.00	₹0.00	₹1,283.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
26	MAGNESIUM	1.00	₹676.00	₹0.00	₹676.00
27	MP TEST BY QBC	1.00	₹406.00	₹0.00	₹406.00
28	SYRINGE PUMP CHARGE	1.00	₹1,000.00	₹0.00	₹1,000.00
29	NURSING CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
30	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
31	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
32	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00
33	CT CHEST - IP	1.00	₹6,600.00	₹0.00	₹6,600.00
34	DENGUE NS1 ELFA	1.00	₹1,620.00	₹0.00	₹1,620.00
35	COVI INFLUENZA VIRUS PANEL	1.00	₹7,500.00	₹0.00	₹7,500.00
36	TROPONIN I (QUANTITATIVE)	1.00	₹6,998.00	₹0.00	₹6,998.00
37	RYLES TUBE INSERTION	1.00	₹750.00	₹0.00	₹750.00
38	BLOOD C/S	1.00	₹1,530.00	₹0.00	₹1,530.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
39	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
40	OXYGEN CHARGE 1 DAY	4.50	₹3,000.00	₹0.00	₹13,500.00
41	NEBULIZER CHARGE	18.00	₹150.00	₹0.00	₹2,700.00
42	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
43	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
44	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
45	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
46	PROFESSIONAL FEES(Dr.KAUSHIK)	1.00	₹1,500.00	₹0.00	₹1,500.00
47	URINE ROUTINE ANALYSIS	1.00	₹216.00	₹0.00	₹216.00
48	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
49	CBC	1.00	₹630.00	₹0.00	₹630.00
50	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
51	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
52	PHYSIOTHERAPHY CHARGES	2.00	₹700.00	₹0.00	₹1,400.00
53	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹144.00	₹0.00	₹288.00
54	MAGNESIUM	1.00	₹676.00	₹0.00	₹676.00
55	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
56	DMO	3.00	₹500.00	₹0.00	₹1,500.00
57	PROFESSIONAL FEES(Dr.SUPRAJA K)	2.00	₹1,500.00	₹0.00	₹3,000.00
58	RENAL FUNCTION TEST	1.00	₹1,620.00	₹0.00	₹1,620.00
59	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
60	NURSING CHARGES	3.00	₹500.00	₹0.00	₹1,500.00
61	CBC	1.00	₹630.00	₹0.00	₹630.00
62	RENAL FUNCTION TEST	1.00	₹1,555.00	₹0.00	₹1,555.00
63	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹138.00	₹0.00	₹414.00
64	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹138.00	₹0.00	₹276.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
65	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,231.00	₹0.00	₹1,231.00
66	PROFESSIONAL FEES(Dr.VAISHNAVI GANESAN)	4.00	₹1,500.00	₹0.00	₹6,000.00
67	DIET CHARGES	10.00	₹150.00	₹0.00	₹1,500.00
68	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,231.00	₹0.00	₹1,231.00
69	CHEST X-RAY - BEDSIDE	1.00	₹864.00	₹0.00	₹864.00
70	PHARMACY CHARGE	1.00	₹49,966.00	₹0.00	₹49,966.00
71	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹138.00	₹0.00	₹138.00
72	CALCIUM	1.00	₹259.00	₹0.00	₹259.00
73	ELECTROLYTES	1.00	₹842.00	₹0.00	₹842.00
74	ALPHA BED	2.50	₹400.00	₹0.00	₹1,000.00
75	BED CHARGES - SINGLE ROOM	.00 days	₹3,000.00	₹0.00	₹9,000.00
76	OTHER ADDITION	1.00	₹28,185.00	₹0.00	₹28,185.00
77	BED CHARGES - ICU	.00 days	₹6,000.00	₹0.00	₹12,000.00

Patient Name	: **Mrs.GUNA GUNDA RODRICO**	**Bill No**	: MMH/MM/IPM202400283
Patient Id	: **MHM202404400**	**Bill Date**	: 12/04/2024 10:38:12AM
Age/Gender	: 87 Y 1 M 9 D/Female	**Visit Report Id**	: MHM202404400-IP001
Phone Number	: 7708585853	**Payment Mode**	: CASH
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 07/04/2024 12:24:11AM	**Entity Name**	: THE ORIENTAL INSURANCE
Speciality	: GENERAL MEDICINE	**TPA**	: MEDIASSIST INDIA TPA PVT L'

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹225,628.00**
		Discount Amount	:		**₹5,000.00**
		Net Amount	:		**₹ 220,628.00**
		Amount Received	:		**₹ 2.00**

Received Amount in Words : **Forty-Four Thousand Six Hundred Thirty-Four Only**

SILAMBARASAN
Authorised Signature