Out Patient Bill

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PROTHROMBIN TIME	1.00	₹288.00	₹0.00	₹288.00
2	CHEST AP VIEW	1.00	₹576.00	₹0.00	₹576.00
3	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹3,629.00	₹0.00	₹3,629.00
4	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
5	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
6	CATHETERIZATION CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
7	NURSING CHARGES	3.00	₹600.00	₹0.00	₹1,800.00
8	DMO	3.00	₹800.00	₹0.00	₹2,400.00
9	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
10	PHYSIOTHERAPHY CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
11	FENTANYL	1.00	₹150.00	₹0.00	₹150.00
12	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	HPE - 1	1.00	₹1,037.00	₹0.00	₹1,037.00
14	LAPROSCOPIC INSTRUMENT	1.00	₹8,000.00	₹0.00	₹8,000.00
15	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
16	OT CHARGES	2.00	₹5,000.00	₹0.00	₹10,000.00
17	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
18	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
19	OXYGEN PER HOUR	2.00	₹150.00	₹0.00	₹300.00
20	HAEMOGLOBIN	1.00	₹60.00	₹0.00	₹60.00
21	D - DIMER	1.00	₹1,080.00	₹0.00	₹1,080.00
22	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹115.00	₹0.00	₹115.00
23	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
24	BIPAP CHARGE	1.00	₹3,500.00	₹0.00	₹3,500.00
25	NEBULIZER CHARGE	4.00	₹150.00	₹0.00	₹600.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
26	CBC	1.00	₹504.00	₹0.00	₹504.00
27	PROCALCITONIN-PCT	1.00	₹2,880.00	₹0.00	₹2,880.00
28	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹120.00	₹0.00	₹120.00
29	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
30	ECG (ELECTROCARDIOGRAM) (IP)	2.00	₹400.00	₹0.00	₹800.00
31	APTT	1.00	₹432.00	₹0.00	₹432.00
32	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
33	RENAL FUNCTION TEST	1.00	₹1,296.00	₹0.00	₹1,296.00
34	BLOOD C/S	2.00	₹1,224.00	₹0.00	₹2,448.00
35	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
36	OXYGEN CHARGE 1 DAY	8.00	₹3,000.00	₹0.00	₹24,000.00
37	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
38	CHEST X-RAY - BEDSIDE	1.00	₹720.00	₹0.00	₹720.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
39	PROTHROMBIN TIME	1.00	₹240.00	₹0.00	₹240.00
40	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
41	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹563.00	₹0.00	₹563.00
42	SEVOFLOURANE	1.00	₹2,500.00	₹0.00	₹2,500.00
43	INTENSIVIST PROFESSIONAL CHARGES	8.00	₹1,000.00	₹0.00	₹8,000.00
44	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,026.00	₹0.00	₹1,026.00
45	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹576.00	₹0.00	₹576.00
46	ABG BLOOD GAS	2.00	₹675.00	₹0.00	₹1,350.00
47	MONITOR CHARGE 1 DAY	8.00	₹1,000.00	₹0.00	₹8,000.00
48	DISPOSABLE PACK CHARGE	1.00	₹350.00	₹0.00	₹350.00
49	NURSING CHARGES ICU	8.00	₹1,000.00	₹0.00	₹8,000.00
50	LIVER FUNCTION TEST	1.00	₹792.00	₹0.00	₹792.00
51	URINE CULTURE & SENSITIVITY	1.00	₹864.00	₹0.00	₹864.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
52	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹563.00	₹0.00	₹563.00
53	SYRINGE PUMP CHARGE	9.00	₹1,000.00	₹0.00	₹9,000.00
54	OT 2 CHARGES	1.00	₹7,000.00	₹0.00	₹7,000.00
55	NT- PRO BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
56	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹2,500.00	₹0.00	₹2,500.00
57	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
58	RENAL FUNCTION TEST	1.00	₹1,350.00	₹0.00	₹1,350.00
59	BLOOD GROUP AND RH TYPE	1.00	₹180.00	₹0.00	₹180.00
60	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
61	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
62	ABG BLOOD GAS	2.00	₹675.00	₹0.00	₹1,350.00
63	CT ABDOMEN - IP	1.00	₹7,000.00	₹0.00	₹7,000.00
64	RAPID ANTIGEN FOR COVID IP	1.00	₹1,500.00	₹0.00	₹1,500.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
65	ALPHA BED	8.00	₹400.00	₹0.00	₹3,200.00
66	CBG. (CAPILLARY BLOOD GLUCOSE)	11.00	₹120.00	₹0.00	₹1,320.00
67	FFP	2.00	₹1,050.00	₹0.00	₹2,100.00
68	PERIPHERAL SMEAR	1.00	₹338.00	₹0.00	₹338.00
69	VENTILATOR CHARGE 1 DAY	8.00	₹10,000.00	₹0.00	₹80,000.00
70	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
71	HAEMODIALYSIS	1.00	₹5,000.00	₹0.00	₹5,000.00
72	CBC	1.00	₹525.00	₹0.00	₹525.00
73	NT- PRO BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
74	HAEMOGLOBIN	1.00	₹63.00	₹0.00	₹63.00
75	CT SCREENING (CHEST) - IP	1.00	₹2,500.00	₹0.00	₹2,500.00
76	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
77	INFUSION PUMP CHARGE 1 DAY	6.00	₹1,000.00	₹0.00	₹6,000.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
78	ARTERIAL LINE PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
79	LIVER FUNCTION TEST	1.00	₹825.00	₹0.00	₹825.00
80	CONTRAST STUDY	1.00	₹1,500.00	₹0.00	₹1,500.00
81	DENGUE PCR	1.00	₹7,125.00	₹0.00	₹7,125.00
82	INTUBATION PROCEDURE	1.00	₹2,500.00	₹0.00	₹2,500.00
83	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
84	DENGUE IG G ELFA	1.00	₹900.00	₹0.00	₹900.00
85	POTASSIUM (K +)	1.00	₹225.00	₹0.00	₹225.00
86	APTT	1.00	₹450.00	₹0.00	₹450.00
87	DENGUE IG M ELFA	1.00	₹900.00	₹0.00	₹900.00
88	PLATELET COUNT	1.00	₹281.00	₹0.00	₹281.00
89	SCD CHARGE (DVT)	4.00	₹1,500.00	₹0.00	₹6,000.00
90	CATHETERIZATION CHARGES - HD	1.00	₹4,000.00	₹0.00	₹4,000.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
91	LIVER FUNCTION TEST	1.00	₹825.00	₹0.00	₹825.00
92	NT- PRO BNP	1.00	₹3,000.00	₹0.00	₹3,000.00
93	RYLES TUBE INSERTION	1.00	₹500.00	₹0.00	₹500.00
94	APTT	1.00	₹450.00	₹0.00	₹450.00
95	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL ADVANC	1.00	₹40,000.00	₹0.00	₹40,000.00
96	COVI INFLUENZA VIRUS PANEL	1.00	₹7,500.00	₹0.00	₹7,500.00
97	OT 1 CHARGES	1.00	₹12,500.00	₹0.00	₹12,500.00
98	CBC	1.00	₹525.00	₹0.00	₹525.00
99	TROPONIN I (QUANTITATIVE)	1.00	₹5,832.00	₹0.00	₹5,832.00
100	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
101	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
102	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
103	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
104	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹563.00	₹0.00	₹563.00
105	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
106	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
107	RENAL FUNCTION TEST	1.00	₹1,350.00	₹0.00	₹1,350.00
108	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹3,000.00	₹0.00	₹3,000.00
109	CT SCREENING (CHEST) - IP	1.00	₹2,500.00	₹0.00	₹2,500.00
110	SEVOFLOURANE	1.00	₹4,000.00	₹0.00	₹4,000.00
111	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹120.00	₹0.00	₹720.00
112	CK - MB	1.00	₹750.00	₹0.00	₹750.00
113	DRESSING CHARGE (SMALL)	1.00	₹450.00	₹0.00	₹450.00
114	CBC	1.00	₹525.00	₹0.00	₹525.00
115	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹120.00	₹0.00	₹720.00
116	LIVER FUNCTION TEST	1.00	₹825.00	₹0.00	₹825.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
117	POTASSIUM (K +)	1.00	₹225.00	₹0.00	₹225.00
118	RENAL FUNCTION TEST	1.00	₹1,350.00	₹0.00	₹1,350.00
119	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
120	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
121	CHEST X-RAY - BEDSIDE	2.00	₹750.00	₹0.00	₹1,500.00
122	FFP	4.00	₹1,050.00	₹0.00	₹4,200.00
123	SODIUM (NA +)	1.00	₹225.00	₹0.00	₹225.00
124	ABG BLOOD GAS	2.00	₹675.00	₹0.00	₹1,350.00
125	PUS CULTURE & SENSITIVITY	1.00	₹844.00	₹0.00	₹844.00
126	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
127	ANAEROBIC CULTURE	1.00	₹1,519.00	₹0.00	₹1,519.00
128	APTT	1.00	₹450.00	₹0.00	₹450.00
129	MAGNESIUM	1.00	₹563.00	₹0.00	₹563.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
130	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹120.00	₹0.00	₹360.00
131	PUS FOR GRAM STAIN	1.00	₹338.00	₹0.00	₹338.00
132	HAEMODIALYSIS	1.00	₹5,000.00	₹0.00	₹5,000.00
133	DIALYSIS KIT CHARGE	1.00	₹1,100.00	₹0.00	₹1,100.00
134	SERUM KETONES (ß-HYDROXYBUTYRATE)	1.00	₹563.00	₹0.00	₹563.00
135	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹120.00	₹0.00	₹360.00
136	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
137	LIVER FUNCTION TEST	1.00	₹825.00	₹0.00	₹825.00
138	SINGLE DONOR PLATELETS (IP)	1.00	₹15,050.00	₹0.00	₹15,050.00
139	CBC	1.00	₹525.00	₹0.00	₹525.00
140	RENAL FUNCTION TEST	1.00	₹1,350.00	₹0.00	₹1,350.00
141	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
142	FENTANYL	10.00	₹200.00	₹0.00	₹2,000.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
143	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
144	SERUM KETONES (ß-HYDROXYBUTYRATE)	2.00	₹563.00	₹0.00	₹1,126.00
145	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
146	PRBC(IP)	1.00	₹2,550.00	₹0.00	₹2,550.00
147	PLATELET COUNT	1.00	₹281.00	₹0.00	₹281.00
148	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
149	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL ADVANC	3.00	₹1,000.00	₹0.00	₹3,000.00
150	POTASSIUM (K +)	1.00	₹225.00	₹0.00	₹225.00
151	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
152	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
153	CREATININE	1.00	₹169.00	₹0.00	₹169.00
154	SODIUM (NA +)	1.00	₹225.00	₹0.00	₹225.00
155	HAEMOGLOBIN	1.00	₹63.00	₹0.00	₹63.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
156	HAEMOGLOBIN	1.00	₹63.00	₹0.00	₹63.00
157	BRONCHIAL WASH CULTURE & SENSITIVITY	1.00	₹844.00	₹0.00	₹844.00
158	PLATELET COUNT	1.00	₹281.00	₹0.00	₹281.00
159	CT SCREENING (CHEST) - IP	1.00	₹2,500.00	₹0.00	₹2,500.00
160	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
161	UREA	1.00	₹169.00	₹0.00	₹169.00
162	CT SCREENING - ABDOMEN	1.00	₹3,500.00	₹0.00	₹3,500.00
163	FENTANYL	5.00	₹200.00	₹0.00	₹1,000.00
164	APTT	1.00	₹450.00	₹0.00	₹450.00
165	POTASSIUM (K +)	1.00	₹225.00	₹0.00	₹225.00
166	BRONCHIAL WASH FOR GRAMS STAIN	1.00	₹338.00	₹0.00	₹338.00
167	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
168	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹120.00	₹0.00	₹360.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
169	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
170	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
171	LIVER FUNCTION TEST	1.00	₹825.00	₹0.00	₹825.00
172	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹120.00	₹0.00	₹360.00
173	BRONCHOSCOPY	1.00	₹12,000.00	₹0.00	₹12,000.00
174	APTT	1.00	₹450.00	₹0.00	₹450.00
175	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
176	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
177	BLOOD C/S	2.00	₹1,275.00	₹0.00	₹2,550.00
178	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
179	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
180	FENTANYL	5.00	₹150.00	₹0.00	₹750.00
181	RENAL FUNCTION TEST	1.00	₹1,350.00	₹0.00	₹1,350.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
182	HAEMOGLOBIN	1.00	₹63.00	₹0.00	₹63.00
183	PLATELET COUNT	1.00	₹281.00	₹0.00	₹281.00
184	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
185	URINE CULTURE & SENSITIVITY	1.00	₹900.00	₹0.00	₹900.00
186	PROTEIN (PERITONEAL FLUID)	1.00	₹225.00	₹0.00	₹225.00
187	ALBUMIN	1.00	₹169.00	₹0.00	₹169.00
188	GRAM STAIN (PERITONEAL FLUID)	1.00	₹225.00	₹0.00	₹225.00
189	HAEMOGLOBIN	1.00	₹63.00	₹0.00	₹63.00
190	GRAM STAIN (PLEURAL FLUID)	1.00	₹225.00	₹0.00	₹225.00
191	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
192	ABG BLOOD GAS	1.00	₹675.00	₹0.00	₹675.00
193	AMYLASE (PLEURAL FLUID)	1.00	₹563.00	₹0.00	₹563.00
194	POTASSIUM (K +)	1.00	₹225.00	₹0.00	₹225.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
195	CHEST X-RAY - BEDSIDE	1.00	₹750.00	₹0.00	₹750.00
196	CREATININE	1.00	₹169.00	₹0.00	₹169.00
197	APTT	1.00	₹450.00	₹0.00	₹450.00
198	CELL COUNT(PLEURAL FLUID)	1.00	₹169.00	₹0.00	₹169.00
199	SODIUM (NA +)	1.00	₹225.00	₹0.00	₹225.00
200	PROTHROMBIN TIME	1.00	₹250.00	₹0.00	₹250.00
201	CULTURE AND SENSITIVITY	1.00	₹788.00	₹0.00	₹788.00
202	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹120.00	₹0.00	₹360.00
203	PROCALCITONIN-PCT	1.00	₹3,000.00	₹0.00	₹3,000.00
204	UREA	1.00	₹169.00	₹0.00	₹169.00
205	PLATELET COUNT	1.00	₹281.00	₹0.00	₹281.00
206	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹12,500.00	₹0.00	₹12,500.00
207	BED CHARGES - ICU	.00 days	₹7,500.00	₹0.00	₹60,000.00

Patient Name	: **Mrs.SHAMUNDEESWARI R**	**Bill No**	: MMH/MM/IPM202400298
Patient Id	: **MHM202404412**	**Bill Date**	: 18/04/2024 4:16:29PM
Age/Gender	: 51 Y 11 M 16 D/Female	**Visit Report Id**	: MHM202404412-IP001
Phone Number	: 9940298040	**Payment Mode**	:
Doctor Name	: Dr.BALAMURUGAN.S	**Entity Type**	: CASH
Visit Date	: 08/04/2024 12:36:52AM	**Entity Name**	: CASH
Speciality	: GENERAL SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
208	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹7,000.00	₹0.00	₹7,000.00
209	PROFESSIONAL FEES(Dr.KARTHICK)	1.00	₹1,000.00	₹0.00	₹1,000.00
210	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹10,000.00	₹0.00	₹10,000.00
211	BED CHARGES - SINGLE ROOM	.00 days	₹4,000.00	₹0.00	₹12,000.00
212	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
213	AMBULANCE CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00

Total Amount	:	**₹578,022.00**
Discount Amount	:	**₹80,835.00**
Net Amount	:	**₹ 497,187.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Four Hundred Ninety-Seven Thousand One Hundred Eighty-Seven Only**

BASKAR
Authorised Signature