Out Patient Bill

Patient Name	: **Mr.RANGANATHAN L**	**Bill No**	: MMH/MM/IPM202400354
Patient Id	: **MHM202404501**	**Bill Date**	: 05/05/2024 10:36:16PM
Age/Gender	: 77 Y 6 M 14 D/Male	**Visit Report Id**	: MHM202404501-IP002
Phone Number	: 9894511504	**Payment Mode**	: CARD,UPI
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 23/04/2024 6:54:48AM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL MEDICINE	**TPA**	: FHPL HEALTH PLAN TPA PVT

S.No	Description	Qty	Unit Rate	Discount	Amount
1	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
2	CBC	1.00	₹976.00	₹0.00	₹976.00
3	ABDOMEN ERECT	1.00	₹600.00	₹0.00	₹600.00
4	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
5	APTT	1.00	₹1,050.00	₹0.00	₹1,050.00
6	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
7	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
8	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
9	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,710.00	₹0.00	₹1,710.00
10	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹900.00	₹0.00	₹900.00
11	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
12	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,710.00	₹0.00	₹1,710.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
14	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
15	PROTHROMBIN TIME	1.00	₹526.00	₹0.00	₹526.00
16	CBC	1.00	₹976.00	₹0.00	₹976.00
17	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
18	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
19	ABDOMEN SUPINE	1.00	₹600.00	₹0.00	₹600.00
20	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
21	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
22	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
23	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
24	STOOL - OCCULT BLOOD	1.00	₹360.00	₹0.00	₹360.00
25	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
27	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
28	ABG BLOOD GAS	2.00	₹810.00	₹0.00	₹1,620.00
29	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
30	SCD CHARGE (DVT)	7.00	₹1,500.00	₹0.00	₹10,500.00
31	NURSING CHARGES	2.00	₹500.00	₹0.00	₹1,000.00
32	CBC	1.00	₹976.00	₹0.00	₹976.00
33	DMO	2.00	₹500.00	₹0.00	₹1,000.00
34	PROFESSIONAL FEES(Dr.SUBRAMANIAM)	1.00	₹1,500.00	₹0.00	₹1,500.00
35	PROFESSIONAL FEES(Dr.KAUSHIK)	1.00	₹1,500.00	₹0.00	₹1,500.00
36	CVP (CENTRAL VENOUS PRESSURE)	1.00	₹5,000.00	₹0.00	₹5,000.00
37	CBC	1.00	₹936.00	₹0.00	₹936.00
38	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
39	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹144.00	₹0.00	₹288.00
40	PHARMACY CHARGE	1.00	₹292,003.00	₹0.00	₹292,003.0
41	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL ADVANC	4.00	₹1,500.00	₹0.00	₹6,000.00
42	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
43	BED CHARGES - ICU	.00 days	₹6,000.00	₹0.00	₹60,000.00
44	BED CHARGES - SINGLE ROOM	.00 days	₹3,000.00	₹0.00	₹6,000.00
45	OTHER ADDITION	1.00	₹45,898.00	₹0.00	₹45,898.00
46	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
47	NT- PRO BNP	1.00	₹2,310.00	₹0.00	₹2,310.00
48	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹900.00	₹0.00	₹900.00
49	D - DIMER	1.00	₹3,750.00	₹0.00	₹3,750.00
50	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
51	ABG WITH ELECTROLYTE (EG7+)	1.00	₹1,710.00	₹0.00	₹1,710.00

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Phone Number	: 9894511504	**Payment Mode**	: CARD,UPI
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
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S.No	Description	Qty	Unit Rate	Discount	Amount
52	URINE ROUTINE ANALYSIS	1.00	₹270.00	₹0.00	₹270.00
53	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
54	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
55	PROTHROMBIN TIME	1.00	₹526.00	₹0.00	₹526.00
56	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
57	CBC	1.00	₹976.00	₹0.00	₹976.00
58	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
59	URINE SPOT SODIUM	1.00	₹337.00	₹0.00	₹337.00
60	CBC	1.00	₹976.00	₹0.00	₹976.00
61	CT SCREENING (CHEST) - IP	1.00	₹3,000.00	₹0.00	₹3,000.00
62	URINE CULTURE & SENSITIVITY	1.00	₹1,350.00	₹0.00	₹1,350.00
63	URINE OSMOLALITY	1.00	₹900.00	₹0.00	₹900.00
64	BLOOD C/S	1.00	₹4,200.00	₹0.00	₹4,200.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
65	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
66	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
67	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
68	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
69	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
70	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
71	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
72	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
73	LEUCOCYTES ALKALINE PHOSPHATASE(LAP	1.00	₹2,520.00	₹0.00	₹2,520.00
74	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
75	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
76	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
77	UREA	1.00	₹300.00	₹0.00	₹300.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
78	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
79	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
80	HAEMOGLOBIN	1.00	₹300.00	₹0.00	₹300.00
81	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
82	PERIPHERAL SMEAR	1.00	₹900.00	₹0.00	₹900.00
83	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
84	LIVER FUNCTION TEST	1.00	₹1,200.00	₹0.00	₹1,200.00
85	CREATININE	1.00	₹300.00	₹0.00	₹300.00
86	TOTAL WBC COUNT	1.00	₹180.00	₹0.00	₹180.00
87	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
88	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
89	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
90	USG ABDOMEN (IP)	1.00	₹2,400.00	₹0.00	₹2,400.00

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91	VITAMIN B 12	1.00	₹1,800.00	₹0.00	₹1,800.00
92	STOOL - OCCULT BLOOD	1.00	₹360.00	₹0.00	₹360.00
93	ANA (ANTI NUCLEAR ANTIBODY)	1.00	₹1,417.00	₹0.00	₹1,417.00
94	FERRITIN	1.00	₹1,800.00	₹0.00	₹1,800.00
95	ANGIOTENSIN CONVERTING ENZYME (ACE	1.00	₹2,700.00	₹0.00	₹2,700.00
96	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
97	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
98	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
99	CBC	1.00	₹976.00	₹0.00	₹976.00
100	LDH	1.00	₹930.00	₹0.00	₹930.00
101	DS DNA BY IFA	1.00	₹2,850.00	₹0.00	₹2,850.00
102	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
103	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00

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104	ANCA (MPO & PR3)	1.00	₹4,200.00	₹0.00	₹4,200.00
105	ABG BLOOD GAS	1.00	₹810.00	₹0.00	₹810.00
106	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
107	AMBULANCE CHARGES	1.00	₹5,500.00	₹0.00	₹5,500.00
108	ALBUMIN	1.00	₹270.00	₹0.00	₹270.00
109	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
110	CT SCREENING - ABDOMEN	1.00	₹4,200.00	₹0.00	₹4,200.00
111	CBC	1.00	₹976.00	₹0.00	₹976.00
112	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
113	PROCALCITONIN-PCT	1.00	₹3,600.00	₹0.00	₹3,600.00
114	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
115	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
116	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00

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117	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
118	PHYSIOTHERAPHY CHARGES	15.00	₹700.00	₹0.00	₹10,500.00
119	SCD CHARGE (DVT)	8.00	₹2,000.00	₹0.00	₹16,000.00
120	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00
121	PROFESSIONAL FEES(Dr.SUPRAJA K)	2.00	₹1,500.00	₹0.00	₹3,000.00
122	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
123	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
124	OXYGEN CHARGE 1 DAY	7.50	₹4,000.00	₹0.00	₹30,000.00
125	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	2.00	₹1,500.00	₹0.00	₹3,000.00
126	PROFESSIONAL FEES(Dr.T.PALANIAPPAN)	4.00	₹1,500.00	₹0.00	₹6,000.00
127	NURSING CHARGES	10.00	₹1,500.00	₹0.00	₹15,000.00
128	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	2.00	₹1,500.00	₹0.00	₹3,000.00
129	BIPAP CHARGE	4.50	₹3,000.00	₹0.00	₹13,500.00

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130	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
131	INTENSIVIST PROFESSIONAL CHARGES	10.00	₹2,000.00	₹0.00	₹20,000.00
132	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	4.00	₹1,500.00	₹0.00	₹6,000.00
133	ALPHA BED	10.00	₹400.00	₹0.00	₹4,000.00
134	INFUSION PUMP CHARGE 1 DAY	0.50	₹1,000.00	₹0.00	₹500.00
135	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
136	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
137	SYRINGE PUMP CHARGE	2.50	₹1,500.00	₹0.00	₹3,750.00
138	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
139	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
140	CBC	1.00	₹976.00	₹0.00	₹976.00
141	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
142	PROFESSIONAL FEES(Dr.VAISHNAVI GANESAN)	8.00	₹1,500.00	₹0.00	₹12,000.00

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143	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
144	MONITOR CHARGE 1 DAY	12.00	₹750.00	₹0.00	₹9,000.00
145	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
146	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	2.00	₹1,500.00	₹0.00	₹3,000.00
147	RYLES TUBE INSERTION	1.00	₹750.00	₹0.00	₹750.00
148	NEBULIZER CHARGE	43.00	₹200.00	₹0.00	₹8,600.00
149	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹2,500.00	₹0.00	₹2,500.00
150	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
151	BLOOD GROUP AND RH TYPE	1.00	₹270.00	₹0.00	₹270.00
152	APTT	1.00	₹1,050.00	₹0.00	₹1,050.00
153	CBC	1.00	₹976.00	₹0.00	₹976.00
154	PROTHROMBIN TIME	1.00	₹526.00	₹0.00	₹526.00
155	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00

Patient Name	: **Mr.RANGANATHAN L**	**Bill No**	: MMH/MM/IPM202400354
Patient Id	: **MHM202404501**	**Bill Date**	: 05/05/2024 10:36:16PM
Age/Gender	: 77 Y 6 M 14 D/Male	**Visit Report Id**	: MHM202404501-IP002
Phone Number	: 9894511504	**Payment Mode**	: CARD,UPI
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 23/04/2024 6:54:48AM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL MEDICINE	**TPA**	: FHPL HEALTH PLAN TPA PVT I

S.No	Description	Qty	Unit Rate	Discount	Amount
156	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
157	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
158	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
159	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹150.00	₹0.00	₹450.00
160	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
161	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹150.00	₹0.00	₹300.00
162	CBC	1.00	₹976.00	₹0.00	₹976.00
163	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
164	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
165	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹150.00	₹0.00	₹150.00
166	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
167	POTASSIUM (K +)	1.00	₹450.00	₹0.00	₹450.00

Patient Name	: **Mr.RANGANATHAN L**	**Bill No**	: MMH/MM/IPM202400354
Patient Id	: **MHM202404501**	**Bill Date**	: 05/05/2024 10:36:16PM
Age/Gender	: 77 Y 6 M 14 D/Male	**Visit Report Id**	: MHM202404501-IP002
Phone Number	: 9894511504	**Payment Mode**	: CARD,UPI
Doctor Name	: Dr.VAISHNAVI GANESAN	**Entity Type**	: Insurance
Visit Date	: 23/04/2024 6:54:48AM	**Entity Name**	: UNITED INDIA INSURANCE C
Speciality	: GENERAL MEDICINE	**TPA**	: FHPL HEALTH PLAN TPA PVT I

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹744,819.00**
		Discount Amount	:		**₹30,000.00**
		Net Amount	:		**₹ 714,819.00**
		Amount Received	:		**₹ 256,785.00**

Received Amount in Words : **Four Hundred Eleven Thousand Seven Hundred Eighty-Five Only**

BASKAR
Authorised Signature