

Out Patient Bill

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSURANCE
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
2	CBC	1.00	₹936.00	₹0.00	₹936.00
3	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
4	ALBUMIN	1.00	₹259.00	₹0.00	₹259.00
5	URINE CULTURE & SENSITIVITY	1.00	₹1,296.00	₹0.00	₹1,296.00
6	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
7	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL ADVANCE)	1.00	₹220,000.00	₹0.00	₹220,000.00
8	CBG. (CAPILLARY BLOOD GLUCOSE)	7.00	₹173.00	₹0.00	₹1,211.00
9	CONTRAST STUDY	1.00	₹1,800.00	₹0.00	₹1,800.00
10	CT ABDOMEN - IP	1.00	₹8,400.00	₹0.00	₹8,400.00
11	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
12	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSURANCE
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
13	CBC	1.00	₹936.00	₹0.00	₹936.00
14	INSTRUMENT CHARGES	1.00	₹5,000.00	₹0.00	₹5,000.00
15	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
16	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
17	CBC	1.00	₹936.00	₹0.00	₹936.00
18	MSI PANEL (IHC)	1.00	₹14,400.00	₹0.00	₹14,400.00
19	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
20	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
21	IHC 2 MARKERS	1.00	₹3,600.00	₹0.00	₹3,600.00
22	CBC	1.00	₹936.00	₹0.00	₹936.00
23	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
24	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00
25	ALBUMIN	1.00	₹259.00	₹0.00	₹259.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSU
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSUR

S.No	Description	Qty	Unit Rate	Discount	Amount
26	CA 19 - 9(GI TRACT & PANCREAS)	1.00	₹2,419.00	₹0.00	₹2,419.00
27	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
28	CBC	1.00	₹936.00	₹0.00	₹936.00
29	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00
30	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
31	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
32	ALBUMIN	1.00	₹259.00	₹0.00	₹259.00
33	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
34	RENAL FUNCTION TEST	1.00	₹2,016.00	₹0.00	₹2,016.00
35	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
36	MP TEST BY QBC	1.00	₹518.00	₹0.00	₹518.00
37	URINE ROUTINE ANALYSIS	1.00	₹259.00	₹0.00	₹259.00
38	BLOOD C/S	1.00	₹4,032.00	₹0.00	₹4,032.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSURANCE
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
39	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹173.00	₹0.00	₹692.00
40	CHEST X-RAY	1.00	₹576.00	₹0.00	₹576.00
41	CBC	1.00	₹936.00	₹0.00	₹936.00
42	MALARAIAL PARASITE (RAPID TEST)	1.00	₹518.00	₹0.00	₹518.00
43	DENGUE - IGM ELISA	1.00	₹1,728.00	₹0.00	₹1,728.00
44	URINE CULTURE & SENSITIVITY	1.00	₹1,296.00	₹0.00	₹1,296.00
45	DENGUE NS1 ELISA	1.00	₹1,872.00	₹0.00	₹1,872.00
46	PROCALCITONIN-PCT	1.00	₹3,456.00	₹0.00	₹3,456.00
47	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
48	BED CHARGES - ICU	.00 days	₹6,000.00	₹0.00	₹12,000.00
49	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,000.00	₹0.00	₹1,000.00
50	CBC	1.00	₹936.00	₹0.00	₹936.00
51	OTHER ADDITION	1.00	₹84,068.00	₹0.00	₹84,068.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSU
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSUR

S.No	Description	Qty	Unit Rate	Discount	Amount
52	PROFESSIONAL FEES(Dr.SURENDAR P.B)	1.00	₹1,000.00	₹0.00	₹1,000.00
53	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹1,500.00	₹0.00	₹1,500.00
54	PROFESSIONAL FEES(Dr.KAUSHIK)	1.00	₹1,500.00	₹0.00	₹1,500.00
55	DIETICIAN FEES - IP	1.00	₹1,000.00	₹0.00	₹1,000.00
56	BED CHARGES - SINGLE ROOM	.50 days	₹3,000.00	₹0.00	₹31,500.00
57	PHARMACY CHARGE	1.00	₹125,782.00	₹0.00	₹125,782.0
58	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00
59	BLOOD RESERVATION	3.00	₹500.00	₹0.00	₹1,500.00
60	CBC	1.00	₹1,014.00	₹0.00	₹1,014.00
61	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
62	PROTHROMBIN TIME	1.00	₹546.00	₹0.00	₹546.00
63	RENAL FUNCTION TEST	1.00	₹2,184.00	₹0.00	₹2,184.00
64	BLOOD GROUP AND RH TYPE	1.00	₹281.00	₹0.00	₹281.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSURANCE
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
65	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹3,629.00	₹0.00	₹3,629.00
66	BLOOD RESERVATION	4.00	₹500.00	₹0.00	₹2,000.00
67	APTT	1.00	₹1,092.00	₹0.00	₹1,092.00
68	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
69	PROFESSIONAL FEES(Dr.KARTHIK SABAPATHI)	1.00	₹1,000.00	₹0.00	₹1,000.00
70	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
71	T3 (FREE)	1.00	₹518.00	₹0.00	₹518.00
72	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
73	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
74	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
75	TSH 3RD GENERATION (HS TSH)	1.00	₹484.00	₹0.00	₹484.00
76	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹173.00	₹0.00	₹173.00
77	T4 (FREE)	1.00	₹454.00	₹0.00	₹454.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSU
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSUR

S.No	Description	Qty	Unit Rate	Discount	Amount
78	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
79	DMO	10.50	₹500.00	₹0.00	₹5,250.00
80	NURSING CHARGES	10.50	₹500.00	₹0.00	₹5,250.00
81	RENAL FUNCTION TEST	1.00	₹2,184.00	₹0.00	₹2,184.00
82	SYRINGE PUMP CHARGE	2.00	₹1,000.00	₹0.00	₹2,000.00
83	CBC	1.00	₹1,014.00	₹0.00	₹1,014.00
84	INFUSION PUMP CHARGE 1 DAY	1.50	₹800.00	₹0.00	₹1,200.00
85	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹173.00	₹0.00	₹1,038.00
86	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
87	CHEST AP VIEW	1.00	₹576.00	₹0.00	₹576.00
88	OT CHARGES	1.00	₹15,000.00	₹0.00	₹15,000.00
89	FENTANYL PATCH - 25MG	1.00	₹480.00	₹0.00	₹480.00
90	CBG. (CAPILLARY BLOOD GLUCOSE)	2.00	₹173.00	₹0.00	₹346.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSU
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSUR

S.No	Description	Qty	Unit Rate	Discount	Amount
91	OXYGEN CHARGE 1 DAY	3.50	₹3,000.00	₹0.00	₹10,500.00
92	HPE - 3	1.00	₹6,240.00	₹0.00	₹6,240.00
93	PROTHROMBIN TIME	1.00	₹546.00	₹0.00	₹546.00
94	MONITOR CHARGE 1 DAY	11.00	₹750.00	₹0.00	₹8,250.00
95	LIVER FUNCTION TEST	1.00	₹1,248.00	₹0.00	₹1,248.00
96	FENTANYL	2.00	₹150.00	₹0.00	₹300.00
97	PROFESSIONAL FEES(Dr.VAISHNAVI GANESAN)	10.00	₹700.00	₹0.00	₹7,000.00
98	PHYSIOTHERAPHY CHARGES	15.00	₹700.00	₹0.00	₹10,500.00
99	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹173.00	₹0.00	₹692.00
100	SCD CHARGE (DVT)	4.00	₹1,500.00	₹0.00	₹6,000.00
101	INTENSIVIST PROFESSIONAL CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
102	NURSING CHARGES	2.00	₹1,000.00	₹0.00	₹2,000.00
103	NEBULIZER CHARGE	13.00	₹150.00	₹0.00	₹1,950.00

Patient Name	: Mr.SRIRAMULU NAIDU G	Bill No	: MMH/MM/IPM202400364
Patient Id	: MHM202404460	Bill Date	: 07/05/2024 11:25:04PM
Age/Gender	: 74 Y 6 M 23 D/Male	Visit Report Id	: MHM202404460-IP002
Phone Number	: 9840801197	Payment Mode	:
Doctor Name	: Dr.ARAVINDH	Entity Type	: Insurance
Visit Date	: 25/04/2024 12:17:39PM	Entity Name	: HDFC ERGO GENERAL INSU
Speciality	: GENERAL SURGERY	TPA	: HDFC ERGO GENERAL INSUR

S.No	Description	Qty	Unit Rate	Discount	Amount
104	PROFESSIONAL FEES(Dr.SUPRAJA K)	1.00	₹1,500.00	₹0.00	₹1,500.00
105	CBC	1.00	₹976.00	₹0.00	₹976.00
106	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
107	CATHETERIZATION CHARGES	1.00	₹500.00	₹0.00	₹500.00
108	RYLES TUBE INSERTION	1.00	₹750.00	₹0.00	₹750.00
109	RENAL FUNCTION TEST	1.00	₹2,100.00	₹0.00	₹2,100.00
110	CBG. (CAPILLARY BLOOD GLUCOSE)	3.00	₹180.00	₹0.00	₹540.00
111	LAPROSCOPIC INSTRUMENT	1.00	₹3,000.00	₹0.00	₹3,000.00
112	BLOOD C/S	1.00	₹4,032.00	₹0.00	₹4,032.00
113	CBG. (CAPILLARY BLOOD GLUCOSE)	4.00	₹173.00	₹0.00	₹692.00
114	HAEMOGLOBIN	1.00	₹288.00	₹0.00	₹288.00
115	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	1.00	₹20,000.00	₹0.00	₹20,000.00

