Out Patient Bill

Patient Name	: **Mr.JAYAKUMAR G**	**Bill No**	: MMH/HM/IPH202401056
Patient Id	: **MHI202483688**	**Bill Date**	: 04/05/2024 5:18:55PM
Age/Gender	: 72 Y 1 M 3 D/Male	**Visit Report Id**	: MHI202483688-IP001
Phone Number	: 9444668440	**Payment Mode**	:
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: CASH
Visit Date	: 01/05/2024 12:44:02PM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CATH PACKAGE	1.00	₹5,050.00	₹0.00	₹5,050.00
2	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹300.00	₹0.00	₹300.00
3	CK - MB	1.00	₹1,300.00	₹0.00	₹1,300.00
4	CK (CPK - TOTAL)	1.00	₹1,200.00	₹0.00	₹1,200.00
5	RAPID ANTIGEN FOR COVID IP	1.00	₹2,000.00	₹0.00	₹2,000.00
6	TROPONIN I (QUANTITATIVE)	1.00	₹7,500.00	₹0.00	₹7,500.00
7	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹300.00	₹0.00	₹300.00
8	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹300.00	₹0.00	₹300.00
9	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹600.00	₹0.00	₹600.00
10	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹600.00	₹0.00	₹600.00
11	CBC	1.00	₹1,200.00	₹0.00	₹1,200.00
12	RENAL FUNCTION TEST	1.00	₹2,500.00	₹0.00	₹2,500.00

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13	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹600.00	₹0.00	₹600.00
14	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹300.00	₹0.00	₹300.00
15	CBC	1.00	₹1,200.00	₹0.00	₹1,200.00
16	RENAL FUNCTION TEST	1.00	₹2,500.00	₹0.00	₹2,500.00
17	NUTRITIONAL ASSESSMENT CHARGES	1.00	₹500.00	₹0.00	₹500.00
18	NURSING CHARGES ICU	2.00	₹3,000.00	₹0.00	₹6,000.00
19	PCI - 1 STENT	1.00	₹64,627.00	₹0.00	₹64,627.00
20	BED CHARGES - SINGLE ROOM	.00 days	₹5,950.00	₹0.00	₹11,900.00
21	ADMISSION CHARGES	1.00	₹400.00	₹0.00	₹400.00
22	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
23	INFUSION PUMP CHARGE 1 DAY	1.00	₹1,500.00	₹0.00	₹1,500.00
24	PREPARATION CHARGES	1.00	₹300.00	₹0.00	₹300.00
25	PROFESSIONAL FEES(Dr.ASSISTANT SURGEON)	1.00	₹20,000.00	₹0.00	₹20,000.00

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Visit Date	: 01/05/2024 12:44:02PM	**Entity Name**	: CASH
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26	INTENSIVIST PROFESSIONAL CHARGES	2.00	₹3,500.00	₹0.00	₹7,000.00
27	DIETICIAN FEES - IP	4.00	₹800.00	₹0.00	₹3,200.00
28	IMPLANT CHARGES	1.00	₹64,958.00	₹0.00	₹64,958.00
29	DIET CHARGES	3.00	₹1,500.00	₹0.00	₹4,500.00
30	PHARMACY CHARGE	1.00	₹22,965.00	₹0.00	₹22,965.00
31	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
32	NURSING CHARGES	2.00	₹1,500.00	₹0.00	₹3,000.00
33	BED CHARGES - CORONARY CARE UNIT	.00 days	₹10,000.00	₹0.00	₹20,000.00
34	ANGIOGRAM	1.00	₹18,000.00	₹0.00	₹18,000.00
35	MONITOR CHARGE 1 DAY	2.00	₹2,000.00	₹0.00	₹4,000.00
36	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
37	DMO	2.00	₹1,500.00	₹0.00	₹3,000.00
38	PROFESSIONAL FEES(Dr.K.JAISHANKAR)	1.00	₹50,000.00	₹0.00	₹50,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹333,850.00**
		Discount Amount	:		**₹43,850.00**
		Net Amount	:		**₹ 290,000.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Two Hundred Ninety Thousand Only**

PRAVEEN

Authorised Signature