Out Patient Bill

Patient Name	: **Mrs.NITHYASREE S C**	**Bill No**	: MMH/HM/IPH202400289
Patient Id	: **MHI202381460**	**Bill Date**	: 09/02/2024 10:42:13AM
Age/Gender	: 21 Y 6 M 20 D/Female	**Visit Report Id**	: MHI202381460-IP001
Phone Number	: 9344646830	**Payment Mode**	:
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: Insurance
Visit Date	: 31/01/2024 2:07:30PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ABG BLOOD GAS	4.00	₹998.00	₹0.00	₹3,992.00
2	ACT (Activated Coagulation Time)	1.00	₹499.00	₹0.00	₹499.00
3	ABG BLOOD GAS	1.00	₹998.00	₹0.00	₹998.00
4	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
5	CBG. (Capillary Blood Glucose)	3.00	₹166.00	₹0.00	₹498.00
6	CBG. (Capillary Blood Glucose)	1.00	₹166.00	₹0.00	₹166.00
7	HPE - 1	1.00	₹1,331.00	₹0.00	₹1,331.00
8	ACT (Activated Coagulation Time)	4.00	₹499.00	₹0.00	₹1,996.00
9	ABG BLOOD GAS	1.00	₹998.00	₹0.00	₹998.00
10	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
11	HAEMOGLOBIN	1.00	₹64.00	₹0.00	₹64.00
12	CBG. (Capillary Blood Glucose)	1.00	₹166.00	₹0.00	₹166.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	CREATININE	1.00	₹252.00	₹0.00	₹252.00
14	UREA	1.00	₹252.00	₹0.00	₹252.00
15	PROTHROMBIN TIME	1.00	₹252.00	₹0.00	₹252.00
16	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
17	CREATININE	1.00	₹252.00	₹0.00	₹252.00
18	HAEMOGLOBIN	1.00	₹64.00	₹0.00	₹64.00
19	CBG. (Capillary Blood Glucose)	1.00	₹166.00	₹0.00	₹166.00
20	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
21	UREA	1.00	₹252.00	₹0.00	₹252.00
22	SODIUM (NA +)	1.00	₹316.00	₹0.00	₹316.00
23	POTASSIUM (k +)	1.00	₹416.00	₹0.00	₹416.00
24	PROTHROMBIN TIME	1.00	₹252.00	₹0.00	₹252.00
25	CBG. (Capillary Blood Glucose)	1.00	₹198.00	₹0.00	₹198.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	CBG. (Capillary Blood Glucose)	1.00	₹198.00	₹0.00	₹198.00
27	Chest PA View	1.00	₹630.00	₹0.00	₹630.00
28	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
29	ECHO - (IP)	1.00	₹2,000.00	₹0.00	₹2,000.00
30	POTASSIUM (k +)	1.00	₹496.00	₹0.00	₹496.00
31	PLATELET COUNT	1.00	₹450.00	₹0.00	₹450.00
32	PROTHROMBIN TIME	1.00	₹300.00	₹0.00	₹300.00
33	UREA	1.00	₹300.00	₹0.00	₹300.00
34	CREATININE	1.00	₹300.00	₹0.00	₹300.00
35	HAEMOGLOBIN	1.00	₹76.00	₹0.00	₹76.00
36	SODIUM (NA +)	1.00	₹376.00	₹0.00	₹376.00
37	IMPLANT CHARGES	1.00	₹44,108.00	₹0.00	₹44,108.00
38	PHARMACY CHARGE	1.00	₹125,735.00	₹0.00	₹125,735.0

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹191,853.00**
		Discount Amount	:		**₹55,353.00**
		Net Amount	:		**₹ 136,500.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

AKASH

Authorised Signature