Out Patient Bill

Patient Name	: **Mr.MASI.B**	**Bill No**	: MMH/HM/IPH202400446
Patient Id	: **MHI202481650**	**Bill Date**	: 27/02/2024 11:37:20AM
Age/Gender	: 24 Y 0 M 13 D/Male	**Visit Report Id**	: MHI202481650-IP001
Phone Number	: 7358609280	**Payment Mode**	:
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: Insurance
Visit Date	: 21/02/2024 12:17:44PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CATH PACKAGE	1.00	₹6,178.00	₹0.00	₹6,178.00
2	CBG. (Capillary Blood Glucose)	1.00	₹174.00	₹0.00	₹174.00
3	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
4	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
5	CBG. (Capillary Blood Glucose)	1.00	₹174.00	₹0.00	₹174.00
6	PHARMACY CHARGE	1.00	₹16,576.00	₹0.00	₹16,576.00
7	IMPLANT CHARGES	1.00	₹85,904.00	₹0.00	₹85,904.00

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Phone Number	: 7358609280	**Payment Mode**	:
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: Insurance
Visit Date	: 21/02/2024 12:17:44PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹109,966.00**
		Discount Amount	:		**₹9,966.00**
		Net Amount	:		**₹ 100,000.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

PRAVEEN KUMAR

Authorised Signature