Out Patient Bill

Patient Name	: **Ms.PRIYA (CM SCHEME)**	**Bill No**	: MMH/HM/IPH202401192
Patient Id	: **MHI202483199**	**Bill Date**	: 20/05/2024 3:23:35PM
Age/Gender	: 17 Y 0 M 0 D/Female	**Visit Report Id**	: MHI202483199-IP001
Phone Number	: 9715456410	**Payment Mode**	:
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: Insurance
Visit Date	: 13/05/2024 12:01:36PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹167.00	₹0.00	₹167.00
2	BLOOD RESERVATION	2.00	₹500.00	₹0.00	₹1,000.00
3	BLOOD CHARGES	1.00	₹1,550.00	₹0.00	₹1,550.00
4	ABG BLOOD GAS	4.00	₹874.00	₹0.00	₹3,496.00
5	ACT (ACTIVATED COAGULATION TIME)	1.00	₹673.00	₹0.00	₹673.00
6	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
7	ACT (ACTIVATED COAGULATION TIME)	4.00	₹673.00	₹0.00	₹2,692.00
8	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹167.00	₹0.00	₹167.00
9	ABG BLOOD GAS	1.00	₹874.00	₹0.00	₹874.00
10	ABG BLOOD GAS	2.00	₹874.00	₹0.00	₹1,748.00
11	UREA	1.00	₹243.00	₹0.00	₹243.00
12	HAEMOGLOBIN	1.00	₹243.00	₹0.00	₹243.00

Patient Name	: **Ms.PRIYA (CM SCHEME)**	**Bill No**	: MMH/HM/IPH202401192
Patient Id	: **MHI202483199**	**Bill Date**	: 20/05/2024 3:23:35PM
Age/Gender	: 17 Y 0 M 0 D/Female	**Visit Report Id**	: MHI202483199-IP001
Phone Number	: 9715456410	**Payment Mode**	:
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: Insurance
Visit Date	: 13/05/2024 12:01:36PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	ABG BLOOD GAS	1.00	₹874.00	₹0.00	₹874.00
14	CREATININE	1.00	₹243.00	₹0.00	₹243.00
15	CHEST X-RAY - BEDSIDE	1.00	₹756.00	₹0.00	₹756.00
16	UREA	1.00	₹289.00	₹0.00	₹289.00
17	POTASSIUM (K +)	1.00	₹434.00	₹0.00	₹434.00
18	HAEMOGLOBIN	1.00	₹289.00	₹0.00	₹289.00
19	SODIUM (NA +)	1.00	₹361.00	₹0.00	₹361.00
20	CREATININE	1.00	₹289.00	₹0.00	₹289.00
21	CREATININE	1.00	₹254.00	₹0.00	₹254.00
22	POTASSIUM (K +)	1.00	₹381.00	₹0.00	₹381.00
23	UREA	1.00	₹254.00	₹0.00	₹254.00
24	HAEMOGLOBIN	1.00	₹254.00	₹0.00	₹254.00
25	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00

Patient Name	: **Ms.PRIYA (CM SCHEME)**	**Bill No**	: MMH/HM/IPH202401192
Patient Id	: **MHI202483199**	**Bill Date**	: 20/05/2024 3:23:35PM
Age/Gender	: 17 Y 0 M 0 D/Female	**Visit Report Id**	: MHI202483199-IP001
Phone Number	: 9715456410	**Payment Mode**	:
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: Insurance
Visit Date	: 13/05/2024 12:01:36PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
26	CHEST PA VIEW	1.00	₹660.00	₹0.00	₹660.00
27	SODIUM (NA +)	1.00	₹318.00	₹0.00	₹318.00
28	IMPLANT CHARGES	1.00	₹37,170.00	₹0.00	₹37,170.00
29	PHARMACY CHARGE	1.00	₹121,538.00	₹0.00	₹121,538.0

Total Amount	:	**₹178,453.00**
Discount Amount	:	**₹73,453.00**
Net Amount	:	**₹ 105,000.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

PRAVEEN
Authorised Signature