

Out Patient Bill

Patient Name : Mr.ANANDAN.C(CMScheme))
Patient Id : MHI202483722
Age/Gender : 51 Y 0 M 14 D/Male
Phone Number : 7401531545
Doctor Name : Dr.RAJESH.V
Visit Date : 18/05/2024 3:33:53PM
Speciality : CARDIOTHORACIC AND VASCULAR
Claim No : 13H_2257561895794-1

Bill No : MMH/HM/IPH202401232
Bill Date : 27/05/2024 11:26:19AM
Visit Report Id : MHI202483722-IP002
Payment Mode :
Entity Type : Insurance
Entity Name : CMCHIS INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
1	BLOOD RESERVATION	1.00	₹500.00	₹0.00	₹500.00
2	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹174.00	₹0.00	₹174.00
3	ABG BLOOD GAS	1.00	₹915.00	₹0.00	₹915.00
4	ABG BLOOD GAS	1.00	₹915.00	₹0.00	₹915.00
5	ACT (ACTIVATED COAGULATION TIME)	4.00	₹705.00	₹0.00	₹2,820.00
6	CHEST X-RAY - BEDSIDE	1.00	₹792.00	₹0.00	₹792.00
7	ABG BLOOD GAS	4.00	₹915.00	₹0.00	₹3,660.00
8	ACT (ACTIVATED COAGULATION TIME)	1.00	₹705.00	₹0.00	₹705.00
9	HAEMOGLOBIN	1.00	₹289.00	₹0.00	₹289.00
10	CREATININE	1.00	₹289.00	₹0.00	₹289.00
11	UREA	1.00	₹289.00	₹0.00	₹289.00
12	PROTHROMBIN TIME	1.00	₹505.00	₹0.00	₹505.00

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Visit Date : 18/05/2024 3:33:53PM
Speciality : CARDIOTHORACIC AND VAS
Claim No : 13H_2257561895794-1

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Entity Type : Insurance
Entity Name : CMCHIS INSURANCE

S.No	Description	Qty	Unit Rate	Discount	Amount
13	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
14	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹174.00	₹0.00	₹174.00
15	CREATININE	1.00	₹289.00	₹0.00	₹289.00
16	UREA	1.00	₹289.00	₹0.00	₹289.00
17	HAEMOGLOBIN	1.00	₹289.00	₹0.00	₹289.00
18	SODIUM (NA +)	1.00	₹361.00	₹0.00	₹361.00
19	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹198.00	₹0.00	₹198.00
20	POTASSIUM (K +)	1.00	₹434.00	₹0.00	₹434.00
21	CHEST X-RAY - BEDSIDE	1.00	₹900.00	₹0.00	₹900.00
22	PROTHROMBIN TIME	1.00	₹445.00	₹0.00	₹445.00
23	HAEMOGLOBIN	1.00	₹254.00	₹0.00	₹254.00
24	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
25	UREA	1.00	₹254.00	₹0.00	₹254.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
26	CHEST PA VIEW	1.00	₹660.00	₹0.00	₹660.00
27	POTASSIUM (K +)	1.00	₹381.00	₹0.00	₹381.00
28	CREATININE	1.00	₹254.00	₹0.00	₹254.00
29	SODIUM (NA +)	1.00	₹318.00	₹0.00	₹318.00
30	PROTHROMBIN TIME	1.00	₹445.00	₹0.00	₹445.00
31	IMPLANT CHARGES	1.00	₹44,108.00	₹0.00	₹44,108.00
32	PHARMACY CHARGE	1.00	₹107,363.00	₹0.00	₹107,363.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
	Total Amount	:			₹170,649.00
	Discount Amount	:			₹34,149.00
	Net Amount	:			₹ 136,500.00
	Amount Received	:			₹ 0.00

Received Amount : Zero Only
in Words

PRAVEEN
Authorised Signature