Out Patient Bill

Patient Name	: **Mrs.LAKSHMI (CM SCHEME)**	**Bill No**	: MMH/HM/IPH202401269
Patient Id	: **MHI202484027**	**Bill Date**	: 29/05/2024 4:09:27PM
Age/Gender	: 53 Y 0 M 15 D/Female	**Visit Report Id**	: MHI202484027-IP001
Phone Number	: 9094707212	**Payment Mode**	:
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: Insurance
Visit Date	: 24/05/2024 4:43:45PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹787.00	₹0.00	₹787.00
2	PROTHROMBIN TIME	1.00	₹424.00	₹0.00	₹424.00
3	GLUCOSE (RANDOM)	1.00	₹182.00	₹0.00	₹182.00
4	RENAL FUNCTION TEST	1.00	₹1,694.00	₹0.00	₹1,694.00
5	ECG (ELECTROCARDIOGRAM) (IP)	2.00	₹480.00	₹0.00	₹960.00
6	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹174.00	₹0.00	₹174.00
7	URINE ROUTINE ANALYSIS	1.00	₹229.00	₹0.00	₹229.00
8	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
9	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹198.00	₹0.00	₹198.00
10	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
11	CHEST X-RAY	1.00	₹76.00	₹0.00	₹76.00
12	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00

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Visit Date	: 24/05/2024 4:43:45PM	**Entity Name**	: CMCHIS INSURANCE
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	CBC	1.00	₹939.00	₹0.00	₹939.00
14	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
15	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹198.00	₹0.00	₹198.00
16	RENAL FUNCTION TEST	1.00	₹2,021.00	₹0.00	₹2,021.00
17	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
18	PHARMACY CHARGE	1.00	₹24,710.00	₹0.00	₹24,710.00
19	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00
20	IMPLANT CHARGES	1.00	₹118,000.00	₹0.00	₹118,000.0
21	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹480.00	₹0.00	₹480.00

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Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹153,952.00**
		Discount Amount	:		**₹48,952.00**
		Net Amount	:		**₹ 105,000.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

NITHESHVAR R

Authorised Signature