

IN PATIENT SUMMARY BILL

UHID : MHI202370405

IP No : IPH2024000622

Patient name : Mrs.GOWDHAMADEVI G

Age : 69 Y 9 M 15 D/Female

Bill No : MMH/HM/IPH202400627

Bill Date : 18/03/2024

DOA : 14/3/2024 8:43PM

DOD :

Entity Type : Corporate

Entity Name : CGHS

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 35,679.00
2	IMPLANT	₹ 398,552.00
3	LABORATORY	₹ 397.00
4	PHARMACY CHARGE	₹ 23,266.00
5	RADIOLOGY	₹ 860.00
Gross Amount		₹ 458,754.00
Sanction Amount		₹ 458,754.00
Net Payable		₹ 458,754.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
CGHS	6827059	458,754.00