

IN PATIENT SUMMARY BILL

UHID : MHI202375919

IP No : IPH2024000205

Patient name : Mr.GNANAMURTHY

Age : 73/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400215

Bill Date : 31/01/2024

DOA : 29/1/2024 11:37PM

DOD :

Entity Type : Corporate

Entity Name : CGHS

S.No	Description	Amount
1	BED CHARGES	₹ 3,000.00
2	LABORATORY	₹ 817.00
3	PHARMACY CHARGE	₹ 397.00
4	PROFESSIONAL TEAM FEES	₹ 2,450.00
5	RADIOLOGY	₹ 175.00
Gross Amount		₹ 6,839.00
Sanction Amount		₹ 6,839.00
Net Payable		₹ 6,839.00
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	cgw9567364	6,839.00