

IN PATIENT SUMMARY BILL

UHID : MHI202376826

IP No : IPH2024000653

Patient name : Mr.G.KANNAN

Age : 48/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400685

Bill Date : 26/03/2024

DOA : 18/3/2024 12:09PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 14,439.00
3	PHARMACY CHARGE	₹ 59,982.00
4	RADIOLOGY	₹ 7,080.00
5	SURGICAL PACKAGE-HEART	₹ 15,499.00
Gross Amount		₹ 97,500.00
Sanction Amount		₹ 97,500.00
Net Payable		₹ 97,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

AKASH
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
CMCHIS INSURANCE	13H_2257560400829-2	97,500.00