IN PATIENT SUMMARY BILL

UHID	:	MHI202377895	Bill No	:	MMH/HM/IPH202400476
IP No	:	IPH2024000459	Bill Date	:	01/03/2024
Patient name	:	Mr.KAMALAKANNAN M	DOA	:	26/2/2024 1:30PM
Age	:	56 Y 11 M 1 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	GENERAL PROCEDURE	₹	1,456.00
2	IMPLANT	₹	85,904.00
3	LABORATORY	₹	2,088.00
4	PHARMACY CHARGE	₹	10,072.00
5	RADIOLOGY	₹	480.00
	Gross Amount	₹	**100,000.00**
	Sanction Amount	₹	**100,000.00**
	Net Payable	₹	**100,000.00**
	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
CMCHIS INSURANCE	13H_2257559956093-1	100,000.00