

IN PATIENT SUMMARY BILL

UHID : MHI202380086

IP No : IPH2024000230

Patient name : Mrs.KANNIYAMAL.M

Age : 60 Y 0 M 3 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400245

Bill Date : 03/02/2024

DOA : 31/1/2024 2:59PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 32,900.00
2	IMPLANT	₹ 12,600.00
3	LABORATORY	₹ 2,212.00
4	PHARMACY CHARGE	₹ 10,028.00
5	RADIOLOGY	₹ 960.00
Gross Amount		₹ 58,700.00
Sanction Amount		₹ 58,700.00
Net Payable		₹ 58,700.00
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_2257559443635-1	58,700.00