

IN PATIENT SUMMARY BILL

UHID : MHI202380891
IP No : IPH202302476
Patient name : Mr.DHANASEKAR.K
Age : 44 Y 6 M 15 D/Male

Bill No : MMH/HM/IPH00559
Bill Date : 21/12/2023
DOA : 11/12/2023 12:48PM
DOD :
Entity Type : Insurance
Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BED CHARGES	₹ 3,000.00
2	BLOOD COMPONENTS	₹ 500.00
3	LABORATORY	₹ 15,870.00
4	PHARMACY CHARGE	₹ 76,689.00
5	RADIOLOGY	₹ 5,315.00
6	SURGICAL PACKAGE-HEART	₹ 13,426.00
Gross Amount		₹ 114,800.00
Sanction Amount		₹ 114,800.00
Net Payable		₹ 114,800.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

IYAPPAN R
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	333713781440	114,800.00