

IN PATIENT SUMMARY BILL

UHID : MHI202380904

IP No : IPH2024000091

Patient name : Mrs.ROSE ELUMALAI

Age : 44 Y 10 M 18 D/Female

Bill No : MMH/HM/IPH202400176

Bill Date : 25/01/2024

DOA : 11/1/2024 6:48AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	GENERAL PROCEDURE	₹ 12,466.00
3	LABORATORY	₹ 15,897.00
4	PHARMACY CHARGE	₹ 124,603.00
5	RADIOLOGY	₹ 4,134.00
6	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 159,600.00
Sanction Amount		₹ 159,600.00
Net Payable		₹ 159,600.00
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_2257559056842-3	159,600.00