

IN PATIENT SUMMARY BILL

UHID : MHI202380943

IP No : IPH2024000578

Patient name : Mr.SRINIVASAN S

Age : 47 Y 4 M 9 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400597

Bill Date : 15/03/2024

DOA : 11/3/2024 1:33PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 55.00
2	IMPLANT	₹ 24,164.00
3	LABORATORY	₹ 1,998.00
4	PHARMACY CHARGE	₹ 31,523.00
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

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_2257560255932-1	58,700.00