

**IN PATIENT SUMMARY BILL**

UHID : MHI202381030      Bill No : MMH/HM/IPH202400956  
 IP No : IPH2024000951      Bill Date : 23/04/2024  
 Patient name : Mr.MEGANATHAN P      DOA : 21/4/2024 10:30AM  
 Age : 67 Y 0 M 16 D/Male      DOD :  
 Entity Type : Corporate  
 Entity Name : CGHS  
 Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	BED CHARGES	₹ 8,400.00
2	EQUIPMENT	₹ 1,651.00
3	LABORATORY	₹ 4,374.00
4	PHARMACY CHARGE	₹ 13,115.00
5	PROFESSIONAL TEAM FEES	₹ 3,500.00
6	RADIOLOGY	₹ 810.00
		<b>₹ 31,850.00</b>
		<b>₹ 31,850.00</b>
		<b>₹ 31,850.00</b>
		<b>₹ 0.00</b>

**Received Amount in Words** : Zero Only

PRAVEEN

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
CGHS	7126002	31,850.00