

IN PATIENT SUMMARY BILL

UHID : MHI202381030

IP No : IPH2024000951

Patient name : Mr.MEGANATHAN P

Age : 67 Y 0 M 16 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400956

Bill Date : 23/04/2024

DOA : 21/4/2024 10:30AM

DOD :

Entity Type : Corporate

Entity Name : CGHS

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
Gross Amount		₹ 31,850.00
Sanction Amount		₹ 31,850.00
Net Payable		₹ 31,850.00
Received Amount		₹ 0.00

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