IN PATIENT SUMMARY BILL

UHID : MHI202381034 Bill No : MMH/HM/IPH00526

IP No : IPH202302466 Bill Date : 16/12/2023

Patient name : Mrs.PREMA T DOA : 9/12/2023 11:49AM

Age : 52 Y 10 M 22 D/Female DOD

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description			Amount
1	BLOOD COMPONENTS		₹	500.00
2	INVESTIGATIONS		₹	250.00
3	LABORATORY		₹	11,694.00
4	PHARMACY CHARGE		₹	60,386.00
5	RADIOLOGY		₹	4,795.00
6	SURGICAL PACKAGE-HEART		₹	19,875.00
		Gross Amount	₹	97,500.00
		Sanction Amount	₹	97,500.00
		Net Payable	₹	97,500.00

Received Amount

Received Amount in Words : Zero Only SANTHOSH

Authorised Signature

0.00

Payment History

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

Medical Claim	Claim No	Sanction Amount
CMCHIS INSURANCE	12H_2257558406068	97,500.00