

IN PATIENT SUMMARY BILL

UHID : MHI202381075

IP No : IPH202302423

Patient name : Master.SIVAGURU.S

Age : 13 Y 10 M 19 D/Male

Bill No : MMH/HM/IPH00490

Bill Date : 12/12/2023

DOA : 2/12/2023 11:39AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 2,050.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 12,468.00
4	PHARMACY CHARGE	₹ 121,663.00
5	RADIOLOGY	₹ 4,680.00
6	SURGICAL PACKAGE-HEART	₹ 2,000.00
Gross Amount		₹ 186,969.00
Sanction Amount		₹ 136,500.00
Discount Amount		₹ 50,469.00
Net Payable		₹ 136,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

ASHWIN

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	12H_2257558290813	136,500.00