

IN PATIENT SUMMARY BILL

UHID : MHI202381092
IP No : IPH202302477
Patient name : Mrs.SAMSU NISHA
Age : 66 Y 7 M 15 D/Female

Bill No : MMH/HM/IPH00532
Bill Date : 18/12/2023
DOA : 11/12/2023 1:18PM
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	₹ 10,417.00
4	PHARMACY CHARGE	₹ 53,510.00
5	RADIOLOGY	₹ 4,795.00
6	SURGICAL PACKAGE-HEART	₹ 28,028.00
Gross Amount		₹ 97,500.00
Sanction Amount		₹ 97,500.00
Net Payable		₹ 97,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SANTHOSH
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	12-H 2257558434197	97,500.00