

**IN PATIENT SUMMARY BILL**

UHID : MHI202381103  
IP No : IPH202302415  
Patient name : Mrs.CHITHRA RAMALINGAM  
Age : 53 Y 10 M 1 D/Female

Bill No : MMH/HM/IPH00457  
Bill Date : 06/12/2023  
DOA : 1/12/2023 12:33PM  
DOD :  
Entity Type : Insurance  
Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 6,953.00
2	IMPLANT	₹ 35,834.00
3	LABORATORY	₹ 2,380.00
4	PHARMACY CHARGE	₹ 12,333.00
5	RADIOLOGY	₹ 1,200.00
<b>Gross Amount</b>		₹ <b>58,700.00</b>
<b>Sanction Amount</b>		₹ <b>58,700.00</b>
<b>Net Payable</b>		₹ <b>58,700.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**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	12H-2257558260856	58,700.00