

IN PATIENT SUMMARY BILL

UHID : MHI202381267

IP No : IPH2024000163

Patient name : Mr.RAJA I

Age : 47 Y 9 M 22 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400221

Bill Date : 31/01/2024

DOA : 22/1/2024 1:36PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 16,895.00
4	PHARMACY CHARGE	₹ 116,600.00
5	RADIOLOGY	₹ 3,378.00
Gross Amount		₹ 181,481.00
Sanction Amount		₹ 136,500.00
Discount Amount		₹ 44,981.00
Net Payable		₹ 136,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN KUMAR
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	13H_2257559251023-2	136,500.00