IN PATIENT SUMMARY BILL

UHID	:	MHI202381369	Bill No	:	MMH/HM/IPH00583
IP No	:	IPH202302533	Bill Date	:	23/12/2023
Patient name	:	Mr.RAMACHANDIRAN S	DOA	:	18/12/2023 5:14PM
Age	:	44 Y 11 M 6 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	CMCHIS
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	500.00
2	LABORATORY	₹	10,012.00
3	PHARMACY CHARGE	₹	51,792.00
4	RADIOLOGY	₹	3,378.00
5	SURGICAL PACKAGE-HEART	₹	28,918.00
6	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**96,600.00**
Sanction Amount	₹	**96,600.00**
Net Payable	₹	**96,600.00**
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	12-2257558581537	96,600.00