

IN PATIENT SUMMARY BILL

UHID : MHI202381410

IP No : IPH2024000844

Patient name : Mr.SURYA S

Age : 22 Y 10 M 23 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400878

Bill Date : 15/04/2024

DOA : 8/4/2024 12:07PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 11,748.00
3	PHARMACY CHARGE	₹ 79,759.00
4	RADIOLOGY	₹ 6,660.00
Gross Amount		₹ 98,667.00
Sanction Amount		₹ 86,100.00
Discount Amount		₹ 12,567.00
Net Payable		₹ 86,100.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

AKASH
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_2257560987940-1	86,100.00