IN PATIENT SUMMARY BILL

UHID	:	MHI202381460	Bill No	:	MMH/HM/IPH202400289
IP No	:	IPH2024000229	Bill Date	:	09/02/2024
Patient name	:	Mrs.NITHYASREE S C	DOA	:	31/1/2024 2:04PM
Age	:	21 Y 6 M 20 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	IMPLANT	₹	44,108.00
2	LABORATORY	₹	15,876.00
3	PHARMACY CHARGE	₹	125,735.00
4	RADIOLOGY	₹	4,134.00
5	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**191,853.00**
Sanction Amount	₹	**136,500.00**
Discount Amount	₹	**55,353.00**
Net Payable	₹	**136,500.00**
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_2257559441577-1	136,500.00