

IN PATIENT SUMMARY BILL

UHID : MHI202400015

IP No : IPH2024000128

Patient name : Mr.DHANDAPANI.R

Age : 56 Y 5 M 3 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400145

Bill Date : 20/01/2024

DOA : 17/1/2024 10:54AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 19,833.00
2	IMPLANT	₹ 12,600.00
3	LABORATORY	₹ 3,086.00
4	PHARMACY CHARGE	₹ 22,221.00
5	RADIOLOGY	₹ 960.00
Gross Amount		₹ 58,700.00
Sanction Amount		₹ 58,700.00
Net Payable		₹ 58,700.00
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	*****	58,700.00