IN PATIENT SUMMARY BILL

UHID	:	MHI202481650	Bill No	:	MMH/HM/IPH202400446
IP No	:	IPH2024000420	Bill Date	:	27/02/2024
Patient name	:	Mr.MASI.B	DOA	:	21/2/2024 12:13PM
Age	:	24 Y 0 M 13 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	IMPLANT	₹	85,904.00
2	LABORATORY	₹	6,526.00
3	PHARMACY CHARGE	₹	16,576.00
4	RADIOLOGY	₹	960.00

Gross Amount	₹	**109,966.00**
Sanction Amount	₹	**100,000.00**
Discount Amount	₹	**9,966.00**
Net Payable	₹	**100,000.00**
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_2257559865106-1	100,000.00