

IN PATIENT SUMMARY BILL

UHID : MHI202481727

IP No : IPH2024000130

Patient name : Mr.GANESAN

Age : 43 Y 0 M 26 D/Male

Bill No : MMH/HM/IPH202400190

Bill Date : 27/01/2024

DOA : 17/1/2024 11:41AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	GENERAL PROCEDURE	₹ 14,440.00
3	LABORATORY	₹ 15,701.00
4	PHARMACY CHARGE	₹ 61,481.00
5	RADIOLOGY	₹ 3,378.00
6	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 97,500.00
Sanction Amount		₹ 97,500.00
Net Payable		₹ 97,500.00
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	***	97,500.00