

IN PATIENT SUMMARY BILL

UHID : MHI202481877

IP No : IPH2024000458

Patient name : Mr.MOHAN K

Age : 44 Y 11 M 21 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400499

Bill Date : 05/03/2024

DOA : 26/2/2024 1:00PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 12,371.00
3	PHARMACY CHARGE	₹ 65,580.00
4	RADIOLOGY	₹ 5,448.00
5	SURGICAL PACKAGE-HEART	₹ 10,829.00
6	ULTRASOUND	₹ 2,772.00
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

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_2257559955858-1	97,500.00