IN PATIENT SUMMARY BILL

UHID	:	MHI202481958	Bill No	:	MMH/HM/IPH202400213
IP No	:	IPH2024000202	Bill Date	:	31/01/2024
Patient name	:	Mr.NATARAJAN P	DOA	:	29/1/2024 12:31PM
Age	:	68 Y 0 M 23 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	35,200.00
2	IMPLANT	₹	25,200.00
3	LABORATORY	₹	3,778.00
4	PHARMACY CHARGE	₹	12,262.00
5	RADIOLOGY	₹	960.00

Gross Amount	₹	**77,400.00**
Sanction Amount	₹	**77,400.00**
Net Payable	₹	**77,400.00**
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_2257559394597-1	77,400.00