

IN PATIENT SUMMARY BILL

UHID : MHI202482008

IP No : IPH2024000253

Patient name : Mr.RAJENTHIRAN.R

Age : 66 Y 10 M 20 D/Male

Bill No : MMH/HM/IPH202400291

Bill Date : 09/02/2024

DOA : 3/2/2024 11:43AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 12,977.00
3	PHARMACY CHARGE	₹ 63,215.00
4	RADIOLOGY	₹ 4,134.00
5	SURGICAL PACKAGE-HEART	₹ 14,674.00
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	13H_2257559508301-1	97,500.00