

IN PATIENT SUMMARY BILL

UHID : MHI202482014

IP No : IPH2024000358

Patient name : Mr.VIJAYAKUMAR .M

Age : 63 Y 9 M 8 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400378

Bill Date : 20/02/2024

DOA : 14/2/2024 7:02PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 35,237.00
2	IMPLANT	₹ 25,200.00
3	LABORATORY	₹ 3,228.00
4	PHARMACY CHARGE	₹ 12,295.00
5	RADIOLOGY	₹ 1,440.00
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-2257559734756-2	77,400.00