

IN PATIENT SUMMARY BILL

UHID : MHI202482016

IP No : IPH2024000314

Patient name : Mr.SARAVANAN P

Age : 49 Y 1 M 18 D/Male

Bill No : MMH/HM/IPH202400366

Bill Date : 19/02/2024

DOA : 10/2/2024 12:45PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	GENERAL PROCEDURE	₹ 8,246.00
3	LABORATORY	₹ 13,311.00
4	PHARMACY CHARGE	₹ 70,065.00
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

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_2257559638547-1	97,500.00