

IN PATIENT SUMMARY BILL

UHID : MHI202482036 Bill No : MMH/HM/IPH202400310
 IP No : IPH2024000299 Bill Date : 12/02/2024
 Patient name : Mr.KUZHANTHAI VELU.A DOA : 8/2/2024 2:26PM
 Age : 63 Y 8 M 28 D/Male DOD :
 Entity Type : Insurance
 Consultant Name : Dr.G. GNANAVELU Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 25,008.00
2	LABORATORY	₹ 1,998.00
3	PHARMACY CHARGE	₹ 28,734.00
4	RADIOLOGY	₹ 960.00
5	ULTRASOUND	₹ 2,000.00
		₹ 58,700.00
		₹ 58,700.00
		₹ 58,700.00
		₹ 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_2257559601246-2	58,700.00