

IN PATIENT SUMMARY BILL

UHID : MHI202482053

IP No : IPH2024000247

Patient name : Mr.KANRAYAN

Age : 49 Y 4 M 1 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400256

Bill Date : 05/02/2024

DOA : 2/2/2024 10:54AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 22,417.00
2	IMPLANT	₹ 12,600.00
3	LABORATORY	₹ 2,928.00
4	PHARMACY CHARGE	₹ 16,393.00
5	RADIOLOGY	₹ 1,590.00
6	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 58,700.00
Sanction Amount		₹ 58,700.00
Net Payable		₹ 58,700.00
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_2257559477906-1	58,700.00