

IN PATIENT SUMMARY BILL

UHID : MHI202482063

IP No : IPH2024000469

Patient name : Mrs.KANMANI.A

Age : 53 Y 6 M 6 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400516

Bill Date : 06/03/2024

DOA : 27/2/2024 11:42AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 10,103.00
3	PHARMACY CHARGE	₹ 59,437.00
4	RADIOLOGY	₹ 4,308.00
5	SURGICAL PACKAGE-HEART	₹ 20,380.00
6	ULTRASOUND	₹ 2,772.00
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_2257559978640-1	97,500.00