

IN PATIENT SUMMARY BILL

UHID : MHI202482108

IP No : IPH2024000432

Patient name : Mr.THOMAS

Age : 59 Y 2 M 16 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400444

Bill Date : 26/02/2024

DOA : 22/2/2024 1:54PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 10,257.00
2	IMPLANT	₹ 22,630.00
3	LABORATORY	₹ 2,034.00
4	PHARMACY CHARGE	₹ 21,859.00
5	RADIOLOGY	₹ 1,920.00
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

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_2257559889721-2	58,700.00