

IN PATIENT SUMMARY BILL

UHID : MHI202482179

IP No : IPH2024000338

Patient name : Mrs.POUNAMBAL .T

Age : 63 Y 11 M 5 D/Female

Bill No : MMH/HM/IPH202400385

Bill Date : 20/02/2024

DOA : 13/2/2024 11:32AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	LABORATORY	₹ 16,469.00
2	PHARMACY CHARGE	₹ 74,897.00
3	RADIOLOGY	₹ 4,134.00
4	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_2257559695734-1	97,500.00