

IN PATIENT SUMMARY BILL

UHID : MHI202482179 Bill No : MMH/HM/IPH202400385
 IP No : IPH2024000338 Bill Date : 20/02/2024
 Patient name : Mrs.POONAMBAL .T DOA : 13/2/2024 11:32AM
 Age : 63 Y 11 M 5 D/Female DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V Entity Name : CMCHIS INSURANCE

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