

IN PATIENT SUMMARY BILL

UHID : MHI202482184

IP No : IPH2024000271

Patient name : Mrs.NOORJAHAN

Age : 60 Y 7 M 28 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400294

Bill Date : 09/02/2024

DOA : 5/2/2024 4:25PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 20,436.00
2	IMPLANT	₹ 25,200.00
3	LABORATORY	₹ 10,371.00
4	PHARMACY CHARGE	₹ 20,433.00
5	RADIOLOGY	₹ 960.00
Gross Amount		₹ 77,400.00
Sanction Amount		₹ 77,400.00
Net Payable		₹ 77,400.00
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	*****	77,400.00