

IN PATIENT SUMMARY BILL

UHID	: MHI202482262	Bill No	: MMH/HM/IPH202400414
IP No	: IPH2024000390	Bill Date	: 23/02/2024
Patient name	: Mrs.DEVI G	DOA	: 19/2/2024 10:41AM
Age	: 43 Y 4 M 1 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: CMCHIS INSURANCE
Consultant Name	: Dr.K.JAISHANKAR		

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 39,376.00
2	LABORATORY	₹ 348.00
3	PHARMACY CHARGE	₹ 17,596.00
4	RADIOLOGY	₹ 480.00
Gross Amount		₹ 57,800.00
Sanction Amount		₹ 57,800.00
Net Payable		₹ 57,800.00
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_2257559800843-1	57,800.00