

IN PATIENT SUMMARY BILL

UHID : MHI202482417

IP No : IPH2024000536

Patient name : Mr.ABDUL RAHMAN

Age : 58 Y 8 M 26 D/Male

Bill No : MMH/HM/IPH202400573

Bill Date : 13/03/2024

DOA : 6/3/2024 12:26PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 17,071.00
3	PHARMACY CHARGE	₹ 70,367.00
4	RADIOLOGY	₹ 4,308.00
5	SURGICAL PACKAGE-HEART	₹ 5,254.00
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

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	13H_2257560158443-1	97,500.00