

IN PATIENT SUMMARY BILL

UHID : MHC202407503

IP No : IPH2024000425

Patient name : Mr.SEKAR

Age : 51 Y 0 M 10 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400461

Bill Date : 28/02/2024

DOA : 22/2/2024 6:50AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 27,008.00
2	EQUIPMENT	₹ 2,000.00
3	IMPLANT	₹ 25,200.00
4	LABORATORY	₹ 6,214.00
5	PHARMACY CHARGE	₹ 28,038.00
6	PROFESSIONAL TEAM FEES	₹ 20,000.00
7	RADIOLOGY	₹ 1,440.00
Gross Amount		₹ 109,900.00
Sanction Amount		₹ 84,900.00
Net Payable		₹ 109,900.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/02/2024	MMH/HM/RECAP2024004	CASH	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
CMCHIS INSURANCE	13H_2257559889726-1	84,900.00