

IN PATIENT SUMMARY BILL

UHID : MHI202482501

IP No : IPH2024000564

Patient name : Mr.SUBRAMANIAN

Age : 63 Y 0 M 4 D/Male

Bill No : MMH/HM/IPH202400614

Bill Date : 18/03/2024

DOA : 9/3/2024 12:32PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 10,033.00
3	PHARMACY CHARGE	₹ 71,322.00
4	RADIOLOGY	₹ 6,660.00
5	SURGICAL PACKAGE-HEART	₹ 8,985.00
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_2257560226185-2	97,500.00