

IN PATIENT SUMMARY BILL

UHID : MHI202482503
IP No : IPH2024000846
Patient name : Mr.HARIDOSS.E
Age : 67 Y 5 M 7 D/Male

Bill No : MMH/HM/IPH202400888
Bill Date : 16/04/2024
DOA : 8/4/2024 12:39PM
DOD :
Entity Type : Insurance
Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 10,800.00
3	PHARMACY CHARGE	₹ 59,098.00
4	RADIOLOGY	₹ 7,080.00
5	SURGICAL PACKAGE-HEART	₹ 20,022.00
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
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_2257560987304-1	97,500.00