

IN PATIENT SUMMARY BILL

UHID : MHI202482528

IP No : IPH2024000492

Patient name : Mr.RANGAN L

Age : 54 Y 11 M 1 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400555

Bill Date : 11/03/2024

DOA : 2/3/2024 12:55PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 9,519.00
3	PHARMACY CHARGE	₹ 69,379.00
4	RADIOLOGY	₹ 4,134.00
5	SURGICAL PACKAGE-HEART	₹ 13,968.00
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_2257560068656-1	97,500.00