

IN PATIENT SUMMARY BILL

UHID : MHI202482566

IP No : IPH2024000588

Patient name : Mrs.BAMA

Age : 70 Y 9 M 23 D/Female

Bill No : MMH/HM/IPH202400646

Bill Date : 20/03/2024

DOA : 12/3/2024 11:43AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 7,976.00
3	PHARMACY CHARGE	₹ 63,744.00
4	RADIOLOGY	₹ 3,200.00
5	SURGICAL PACKAGE-HEART	₹ 22,080.00
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_2257560282417-3	97,500.00