

IN PATIENT SUMMARY BILL

UHID : MHI202482581

IP No : IPH2024000634

Patient name : Mrs.LAKSHMI S

Age : 58 Y 5 M 23 D/Female

Bill No : MMH/HM/IPH202400686

Bill Date : 26/03/2024

DOA : 16/3/2024 11:41AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 16,101.00
3	PHARMACY CHARGE	₹ 67,681.00
4	RADIOLOGY	₹ 6,134.00
5	SURGICAL PACKAGE-HEART	₹ 7,084.00
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_2257560371995-1	97,500.00