

IN PATIENT SUMMARY BILL

UHID : MHI202482644

IP No : IPH2024000563

Patient name : Mrs.RAJESWARI S

Age : 71 Y 2 M 17 D/Female

Bill No : MMH/HM/IPH202400613

Bill Date : 18/03/2024

DOA : 9/3/2024 11:47AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	GENERAL PROCEDURE	₹ 9,365.00
3	LABORATORY	₹ 7,431.00
4	PHARMACY CHARGE	₹ 64,070.00
5	RADIOLOGY	₹ 6,134.00
6	SURGICAL PACKAGE-HEART	₹ 10,000.00
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_2257560225003-1	97,500.00