

IN PATIENT SUMMARY BILL

UHID : MHI202482666

IP No : IPH2024000774

Patient name : Mr.SHAKUL HAMEED

Age : 62 Y 8 M 19 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400802

Bill Date : 06/04/2024

DOA : 1/4/2024 11:46AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 10,166.00
3	PHARMACY CHARGE	₹ 58,170.00
4	RADIOLOGY	₹ 7,188.00
5	SURGICAL PACKAGE-HEART	₹ 21,476.00
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_2257560676108-1	97,500.00