

IN PATIENT SUMMARY BILL

UHID : MHI202482691

IP No : IPH2024000671

Patient name : Mr.AKASH

Age : 21 Y 0 M 24 D/Male

Bill No : MMH/HM/IPH202400699

Bill Date : 27/03/2024

DOA : 19/3/2024 1:45PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 59,472.00
3	LABORATORY	₹ 16,299.00
4	PHARMACY CHARGE	₹ 108,829.00
5	RADIOLOGY	₹ 7,080.00
Gross Amount		₹ 192,180.00
Sanction Amount		₹ 159,600.00
Discount Amount		₹ 32,580.00
Net Payable		₹ 159,600.00
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_2257560430310-2	159,600.00