

IN PATIENT SUMMARY BILL

UHID : MHI202482740

IP No : IPH2024000574

Patient name : Mr.KARTHIKEYAN.G

Age : 33 Y 10 M 10 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400615

Bill Date : 18/03/2024

DOA : 11/3/2024 10:57AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 6,971.00
3	PHARMACY CHARGE	₹ 63,010.00
4	RADIOLOGY	₹ 7,560.00
5	SURGICAL PACKAGE-HEART	₹ 19,459.00
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_2257560247930-1	97,500.00