

IN PATIENT SUMMARY BILL

UHID : MHI202482791

IP No : IPH2024000831

Patient name : Mrs.VIJAYA A

Age : 53 Y 3 M 2 D/Female

Bill No : MMH/HM/IPH202400875

Bill Date : 13/04/2024

DOA : 6/4/2024 2:31PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 10,725.00
3	PHARMACY CHARGE	₹ 63,518.00
4	RADIOLOGY	₹ 6,506.00
5	SURGICAL PACKAGE-HEART	₹ 16,251.00
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_2257560953656-1	97,500.00