

IN PATIENT SUMMARY BILL

UHID : MHI202482896

IP No : IPH2024000720

Patient name : Mr.KANTHASAMY

Age : 52 Y 11 M 22 D/Male

Bill No : MMH/HM/IPH202400758

Bill Date : 02/04/2024

DOA : 26/3/2024 12:00PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 7,372.00
3	PHARMACY CHARGE	₹ 59,512.00
4	RADIOLOGY	₹ 6,134.00
5	SURGICAL PACKAGE-HEART	₹ 23,982.00
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_2257560577571-1	97,500.00