

IN PATIENT SUMMARY BILL

UHID : MHI202482911

IP No : IPH2024000786

Patient name : Mrs.SELVI R

Age : 32 Y 6 M 6 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400855

Bill Date : 12/04/2024

DOA : 2/4/2024 11:45AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 15,855.00
3	PHARMACY CHARGE	₹ 100,534.00
4	RADIOLOGY	₹ 5,496.00
Gross Amount		₹ 122,385.00
Sanction Amount		₹ 86,100.00
Discount Amount		₹ 36,285.00
Net Payable		₹ 86,100.00
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_2257560754113-1	86,100.00