

IN PATIENT SUMMARY BILL

UHID : MHI202482922

IP No : IPH2024000711

Patient name : Mr.THAIRIYA DOSS.A

Age : 74 Y 3 M 1 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400757

Bill Date : 02/04/2024

DOA : 26/3/2024 5:45AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 15,233.00
3	PHARMACY CHARGE	₹ 53,363.00
4	RADIOLOGY	₹ 11,414.00
5	SURGICAL PACKAGE-HEART	₹ 16,990.00
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_2257560570543-1	97,500.00