

IN PATIENT SUMMARY BILL

UHID : MHI202482963

IP No : IPH2024000708

Patient name : Mr.ABDUL RAHAMAN

Age : 64 Y 2 M 23 D/Male

Bill No : MMH/HM/IPH202400759

Bill Date : 02/04/2024

DOA : 25/3/2024 1:07PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 7,977.00
3	PHARMACY CHARGE	₹ 59,914.00
4	RADIOLOGY	₹ 6,308.00
5	SURGICAL PACKAGE-HEART	₹ 22,801.00
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_2257560554354-1	97,500.00