

IN PATIENT SUMMARY BILL

UHID : MHI202482991

IP No : IPH2024000802

Patient name : Mr.VENKAT V

Age : 34 Y 0 M 29 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400838

Bill Date : 10/04/2024

DOA : 3/4/2024 12:14PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 12,371.00
3	PHARMACY CHARGE	₹ 66,893.00
4	RADIOLOGY	₹ 7,080.00
5	SURGICAL PACKAGE-HEART	₹ 10,656.00
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_2257560875053-1	97,500.00