

IN PATIENT SUMMARY BILL

UHID : MHI202483061

IP No : IPH2024000719

Patient name : Mr.KANNAN

Age : 74 Y 8 M 15 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400761

Bill Date : 02/04/2024

DOA : 26/3/2024 11:46AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 15,503.00
3	PHARMACY CHARGE	₹ 61,440.00
4	RADIOLOGY	₹ 7,080.00
5	SURGICAL PACKAGE-HEART	₹ 12,977.00
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_2257560577848-1	97,500.00