

IN PATIENT SUMMARY BILL

UHID : MHI202483171

IP No : IPH2024000883

Patient name : Mr.PRABU A (CM SCHEME)

Age : 40 Y 3 M 28 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400892

Bill Date : 16/04/2024

DOA : 12/4/2024 11:27AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 29,083.00
2	IMPLANT	₹ 25,200.00
3	LABORATORY	₹ 1,050.00
4	PHARMACY CHARGE	₹ 20,627.00
5	RADIOLOGY	₹ 1,440.00
Gross Amount		₹ 77,400.00
Sanction Amount		₹ 77,400.00
Net Payable		₹ 77,400.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN
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_2257561077931-1	77,400.00