

IN PATIENT SUMMARY BILL

UHID : MHI202483201

IP No : IPH2024000810

Patient name : Mr.GUNASEELAN N

Age : 43 Y 11 M 1 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400800

Bill Date : 06/04/2024

DOA : 4/4/2024 12:38PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 19,095.00
2	IMPLANT	₹ 23,173.00
3	LABORATORY	₹ 1,168.00
4	PHARMACY CHARGE	₹ 14,304.00
5	RADIOLOGY	₹ 960.00
Gross Amount		₹ 58,700.00
Sanction Amount		₹ 58,700.00
Net Payable		₹ 58,700.00
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_2257560905043-1	58,700.00