

IN PATIENT SUMMARY BILL

UHID : MHI202483222

IP No : IPH2024000847

Patient name : Mrs.SASIKALA P

Age : 51 Y 9 M 9 D/Female

Bill No : MMH/HM/IPH202400853

Bill Date : 11/04/2024

DOA : 8/4/2024 2:07PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 24,532.00
2	IMPLANT	₹ 12,600.00
3	LABORATORY	₹ 2,214.00
4	PHARMACY CHARGE	₹ 18,394.00
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

AKASH

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_2257560988532	58,700.00