

IN PATIENT SUMMARY BILL

UHID : MHI202483236

IP No : IPH2024000922

Patient name : Mr.GUNASEKARAN

Age : 58 Y 11 M 20 D/Male

Bill No : MMH/HM/IPH202400949

Bill Date : 23/04/2024

DOA : 16/4/2024 6:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 1,000.00
2	LABORATORY	₹ 9,813.00
3	PHARMACY CHARGE	₹ 65,446.00
4	RADIOLOGY	₹ 6,134.00
5	SURGICAL PACKAGE-HEART	₹ 15,107.00
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  
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_2257561179405-2	97,500.00