

IN PATIENT SUMMARY BILL

UHID : MHI202483343

IP No : IPH2024000982

Patient name : Mrs.AROKIYA MARY(CM SCHEME)

Age : 53 Y 11 M 0 D/Female

Bill No : MMH/HM/IPH202401033

Bill Date : 30/04/2024

DOA : 24/4/2024 11:20AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 3,100.00
2	GENERAL PROCEDURE	₹ 2,686.00
3	LABORATORY	₹ 18,548.00
4	PHARMACY CHARGE	₹ 65,762.00
5	RADIOLOGY	₹ 7,404.00
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	*****	97,500.00