IN PATIENT SUMMARY BILL

UHID	:	MHI202483491	Bill No	:	MMH/HM/IPH202401022
IP No	:	IPH2024000964	Bill Date	:	30/04/2024
Patient name	:	Mrs.JAYASEELI (C M SCHEME)	DOA	:	22/4/2024 11:33AM
Age	:	57 Y 2 M 4 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	500.00
2	IMPLANT	₹	44,108.00
3	LABORATORY	₹	16,125.00
4	PHARMACY CHARGE	₹	105,181.00
5	RADIOLOGY	₹	6,288.00
	Gross Amount	₹	**172,202.00**
	Sanction Amount	₹	**136,500.00**
	Discount Amount	₹	**35,702.00**
	Net Payable	₹	**136,500.00**
	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_2257561271059-1	136,500.00