

IN PATIENT SUMMARY BILL

UHID : MHI202484077 Bill No : MMH/HM/IPH202401387
 IP No : IPH2024001341 Bill Date : 13/06/2024
 Patient name : Mr.UMAR ALI.A(CM SCHEME) DOA : 4/6/2024 12:27PM
 Age : 55 Y 10 M 9 D/Male DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 15,168.00
3	PHARMACY CHARGE	₹ 77,521.00
4	RADIOLOGY	₹ 6,936.00
	Gross Amount	₹ 100,125.00
	Discount Amount	₹ 2,625.00
	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					