

IN PATIENT SUMMARY BILL

UHID : MHI202484077

IP No : IPH2024001341

Patient name : Mr.UMAR ALI.A(CM SCHEME)

Age : 55 Y 10 M 9 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401387

Bill Date : 13/06/2024

DOA : 4/6/2024 12:27PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

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					