

IN PATIENT SUMMARY BILL

UHID : MHI202484178

IP No : IPH2024001393

Patient name : Ms.PAVITHRA V (CM SCHEME)

Age : 23 Y 11 M 17 D/Female

Consultant Name : Dr.G. GNANA VELU

Bill No : MMH/HM/IPH202401389

Bill Date : 13/06/2024

DOA : 10/6/2024 1:26PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	IMPLANT	₹ 35,000.00
2	LABORATORY	₹ 987.00
3	PHARMACY CHARGE	₹ 13,479.00
4	RADIOLOGY	₹ 2,070.00
Gross Amount		₹ 51,536.00
Discount Amount		₹ 12,536.00
Net Payable		₹ 39,000.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

NITHESHVAR R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					