

IN PATIENT SUMMARY BILL

UHID : MHI202484178 Bill No : MMH/HM/IPH202401389
 IP No : IPH2024001393 Bill Date : 13/06/2024
 Patient name : Ms.PAVITHRA V (CM SCHEME) DOA : 10/6/2024 1:26PM
 Age : 23 Y 11 M 17 D/Female DOD :
 Entity Type : Insurance
 Consultant Name : Dr.G. GNANAVELU 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 NITHESVAR R
 Authorised Signature

Payment History

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