

IN PATIENT SUMMARY BILL

UHID : MHI202483694

IP No : IPH2024001331

Patient name : Mr.JOHN MATHAN SINGH SILUVAI MICHA

Age : 56 Y 11 M 16 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401419

Bill Date : 18/06/2024

DOA : 3/6/2024 1:30PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 27,800.00
2	IMPLANT	₹ 88,217.00
3	LABORATORY	₹ 21,702.00
4	PHARMACY CHARGE	₹ 97,674.00
5	RADIOLOGY	₹ 6,086.00
Gross Amount		₹ 241,479.00
Discount Amount		₹ 81,879.00
Net Payable		₹ 159,600.00
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					