

### IN PATIENT SUMMARY BILL

UHID : MHI202483694      Bill No : MMH/HM/IPH202401419  
 IP No : IPH2024001331      Bill Date : 18/06/2024  
 Patient name : Mr.JOHN MATHAN SINGH SILUVAI MICH/ DOA : 3/6/2024 1:30PM  
 Age : 56 Y 11 M 16 D/Male      DOD :  
                                     Entity Type : Insurance  
                                     Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

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
	<b>Gross Amount</b>	₹ 241,479.00
	<b>Discount Amount</b>	₹ 81,879.00
	<b>Net Payable</b>	₹ 159,600.00
	<b>Received Amount</b>	₹ 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					