IN PATIENT SUMMARY BILL

UHID	:	MHI202483273	Bill No	:	MMH/HM/IPH202401427
IP No	:	IPH2024001411	Bill Date	:	19/06/2024
Patient name	:	Mrs.MANJULA.K (CM SCHEME)	DOA	:	12/6/2024 3:22PM
Age	:	46 Y 2 M 13 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	500.00
2	IMPLANT	₹	37,170.00
3	LABORATORY	₹	14,757.00
4	PHARMACY CHARGE	₹	111,916.00
5	RADIOLOGY	₹	7,776.00
	Gross Amount	₹	**172,119.00**
	Discount Amount	₹	**67,119.00**
	Net Payable	₹	**105,000.00**
	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					