IN PATIENT SUMMARY BILL

UHID	:	MHI202483987	Bill No	:	MMH/HM/IPH202401454
IP No	:	IPH2024001427	Bill Date	:	22/06/2024
Patient name	:	Mr.BASKARAN (CM SCHEME)	DOA	:	15/6/2024 11:17AM
Age	:	63 Y 11 M 7 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	500.00
2	IMPLANT	₹	105,315.00
3	LABORATORY	₹	13,988.00
4	PHARMACY CHARGE	₹	104,689.00
5	RADIOLOGY	₹	7,224.00
	Gross Amount	₹	**231,716.00**
	Sanction Amount	₹	**168,000.00**
	Discount Amount	₹	**63,716.00**
	Net Payable	₹	**168,000.00**
	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					

Medical Claim	Claim No	Sanction Amount
CMCHIS INSURANCE	13H_2257562502524-2	168,000.00