IN PATIENT SUMMARY BILL

UHID	:	MHI202483804	Bill No	:	MMH/HM/IPH202401476
IP No	:	IPH2024001448	Bill Date	:	26/06/2024
Patient name	:	Master.ROSHAN S B (CM SCHEME)	DOA	:	18/6/2024 4:45PM
Age	:	12 Y 3 M 14 D/Male	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	₹	13,288.00
4	PHARMACY CHARGE	₹	106,692.00
5	RADIOLOGY	₹	5,604.00
	Gross Amount	₹	**163,254.00**
	Discount Amount	₹	**62,154.00**
	Net Payable	₹	**101,100.00**
	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					