

IN PATIENT SUMMARY BILL

UHID : MHI202376197

IP No : IPH2024001496

Patient name : Ms.PUNITHAMERI ANTHONIRAJ (CM SCHI

Age : 43 Y 0 M 24 D/Female

Bill No : MMH/HM/IPH202401501

Bill Date : 29/06/2024

DOA : 24/6/2024 1:07PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	IMPLANT	₹ 109,849.00
2	LABORATORY	₹ 1,154.00
3	PHARMACY CHARGE	₹ 16,356.00
4	RADIOLOGY	₹ 3,786.00
Gross Amount		₹ 131,145.00
Sanction Amount		₹ 105,000.00
Discount Amount		₹ 26,145.00
Net Payable		₹ 105,000.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN
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_2257562680576-1	105,000.00