

IN PATIENT SUMMARY BILL

UHID : MHI202376197 Bill No : MMH/HM/IPH202401501
 IP No : IPH2024001496 Bill Date : 29/06/2024
 Patient name : Ms.PUNITHAMERI ANTHONIRAJ (CM SCH) DOA : 24/6/2024 1:07PM
 Age : 43 Y 0 M 24 D/Female 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