

### IN PATIENT SUMMARY BILL

UHID : MHI202483786      Bill No : MMH/HM/IPH202401515  
 IP No : IPH2024001494      Bill Date : 01/07/2024  
 Patient name : Mrs.REVATHY S J (CM SCHEME)      DOA : 24/6/2024 12:10PM  
 Age : 36 Y 3 M 0 D/Female      DOD :  
      Entity Type : Insurance  
      Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 17,397.00
4	PHARMACY CHARGE	₹ 105,867.00
5	RADIOLOGY	₹ 5,612.00
		<b>₹ 173,484.00</b>
		<b>₹ 36,984.00</b>
		<b>₹ 136,500.00</b>
		<b>₹ 0.00</b>

Received Amount in Words : Zero Only      NITHESVAR R  
 Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					