

IN PATIENT SUMMARY BILL

UHID : MHI202483786

IP No : IPH2024001494

Patient name : Mrs.REVATHY S J (CM SCHEME)

Age : 36 Y 3 M 0 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401515

Bill Date : 01/07/2024

DOA : 24/6/2024 12:10PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

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
Gross Amount		₹ 173,484.00
Discount Amount		₹ 36,984.00
Net Payable		₹ 136,500.00
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					