

IN PATIENT SUMMARY BILL

UHID : MHI202483984

IP No : IPH2024001495

Patient name : Mrs.SELVI JAYARAMAN (CM SCHEME)

Age : 60 Y 8 M 4 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202401516

Bill Date : 01/07/2024

DOA : 24/6/2024 12:31PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 4,100.00
2	IMPLANT	₹ 37,170.00
3	LABORATORY	₹ 17,218.00
4	PHARMACY CHARGE	₹ 116,373.00
5	RADIOLOGY	₹ 3,378.00
Gross Amount		₹ 178,239.00
Discount Amount		₹ 73,239.00
Net Payable		₹ 105,000.00
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					