

IN PATIENT SUMMARY BILL

UHID : MHI202483984 Bill No : MMH/HM/IPH202401516
 IP No : IPH2024001495 Bill Date : 01/07/2024
 Patient name : Mrs.SELVI JAYARAMAN (CM SCHEME) DOA : 24/6/2024 12:31PM
 Age : 60 Y 8 M 4 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.ANBARASU MOHANRAJ

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
		₹ 178,239.00
		₹ 73,239.00
		₹ 105,000.00
		₹ 0.00

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					