

IN PATIENT SUMMARY BILL

UHID : MHI202483556

IP No : IPH2024001511

Patient name : Mrs.MAHESHWARI (CM SCHEME)

Age : 52 Y 6 M 18 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202401537

Bill Date : 03/07/2024

DOA : 26/6/2024 1:30PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 3,550.00
2	IMPLANT	₹ 29,736.00
3	LABORATORY	₹ 17,111.00
4	PHARMACY CHARGE	₹ 97,803.00
5	RADIOLOGY	₹ 5,786.00
Gross Amount		₹ 153,986.00
Discount Amount		₹ 17,486.00
Net Payable		₹ 136,500.00
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					