

IN PATIENT SUMMARY BILL

UHID : MHI202483556 Bill No : MMH/HM/IPH202401537
 IP No : IPH2024001511 Bill Date : 03/07/2024
 Patient name : Mrs.MAHESHWARI (CM SCHEME) DOA : 26/6/2024 1:30PM
 Age : 52 Y 6 M 18 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.ANBARASU MOHANRAJ

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					