

IN PATIENT SUMMARY BILL

UHID : MHI202484275

IP No : IPH2024001550

Patient name : Mr.SARAVANAN S (CM SCHEME)

Age : 46 Y 0 M 20 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401568

Bill Date : 09/07/2024

DOA : 1/7/2024 12:39PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 21,391.00
4	PHARMACY CHARGE	₹ 112,380.00
5	RADIOLOGY	₹ 7,368.00
Gross Amount		₹ 185,747.00
Discount Amount		₹ 49,247.00
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					