

IN PATIENT SUMMARY BILL

UHID : MHI202484275 Bill No : MMH/HM/IPH202401568
 IP No : IPH2024001550 Bill Date : 09/07/2024
 Patient name : Mr.SARAVANAN S (CM SCHEME) DOA : 1/7/2024 12:39PM
 Age : 46 Y 0 M 20 D/Male DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

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 NITHESVAR R
 Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					