IN PATIENT SUMMARY BILL

UHID	:	MHI202484459	Bill No	:	MMH/HM/IPH202401611
IP No	:	IPH2024001579	Bill Date	:	15/07/2024
Patient name	:	Mr.JAYAPRAKASH P.J (CM SCHEME)	DOA	:	6/7/2024 11:28AM
Age	:	58 Y 1 M 28 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CMCHIS INSURANCE
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	3,050.00
2	IMPLANT	₹	44,108.00
3	LABORATORY	₹	20,780.00
4	PHARMACY CHARGE	₹	109,033.00
5	RADIOLOGY	₹	5,498.00
	Gross Amount	₹	**182,469.00**
	Discount Amount	₹	**45,969.00**
	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					