

IN PATIENT SUMMARY BILL

UHID : MHI202484588

IP No : IPH2024001609

Patient name : Mr.PALPANDI (CM SCHEME)

Age : 40 Y 1 M 26 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401637

Bill Date : 17/07/2024

DOA : 10/7/2024 10:47AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 15,490.00
3	PHARMACY CHARGE	₹ 99,628.00
4	RADIOLOGY	₹ 4,386.00
Gross Amount		₹ 120,004.00
Discount Amount		₹ 23,404.00
Net Payable		₹ 96,600.00
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					