

### IN PATIENT SUMMARY BILL

UHID : MHI202484588      Bill No : MMH/HM/IPH202401637  
 IP No : IPH2024001609      Bill Date : 17/07/2024  
 Patient name : Mr.PALPANDI (CM SCHEME)      DOA : 10/7/2024 10:47AM  
 Age : 40 Y 1 M 26 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	LABORATORY	₹ 15,490.00
3	PHARMACY CHARGE	₹ 99,628.00
4	RADIOLOGY	₹ 4,386.00
	<b>Gross Amount</b>	₹ 120,004.00
	<b>Discount Amount</b>	₹ 23,404.00
	<b>Net Payable</b>	₹ 96,600.00
	<b>Received Amount</b>	₹ 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					