

IN PATIENT SUMMARY BILL

UHID : MHI202484730

IP No : IPH2024001662

Patient name : Mrs.LAKSHMI RAJENDRAN (CM SCHEME)

Age : 53 Y 3 M 21 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202401666

Bill Date : 19/07/2024

DOA : 16/7/2024 1:27PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	IMPLANT	₹ 72,630.00
2	LABORATORY	₹ 2,508.00
3	PHARMACY CHARGE	₹ 17,838.00
4	RADIOLOGY	₹ 960.00
Gross Amount		₹ 93,936.00
Discount Amount		₹ 35,236.00
Net Payable		₹ 58,700.00
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					