

### IN PATIENT SUMMARY BILL

UHID : MHI202484730      Bill No : MMH/HM/IPH202401666  
 IP No : IPH2024001662      Bill Date : 19/07/2024  
 Patient name : Mrs.LAKSHMI RAJENDRAN (CM SCHEME) DOA : 16/7/2024 1:27PM  
 Age : 53 Y 3 M 21 D/Female      DOD :  
        Entity Type : Insurance  
        Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	IMPLANT	₹ 72,630.00
2	LABORATORY	₹ 2,508.00
3	PHARMACY CHARGE	₹ 17,838.00
4	RADIOLOGY	₹ 960.00
	<b>Gross Amount</b>	<b>₹ 93,936.00</b>
	<b>Discount Amount</b>	<b>₹ 35,236.00</b>
	<b>Net Payable</b>	<b>₹ 58,700.00</b>
	<b>Received Amount</b>	<b>₹ 0.00</b>

Received Amount in Words : Zero Only

PRAVEEN  
Authorised Signature

#### Payment History

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