

IN PATIENT SUMMARY BILL

UHID : MHI202482502

IP No : IPH2024001655

Patient name : Mr.VIJLJ (CM SCHEME)

Age : 48 Y 5 M 21 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401675

Bill Date : 22/07/2024

DOA : 15/7/2024 1:45PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 1,000.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 18,859.00
4	PHARMACY CHARGE	₹ 99,374.00
5	RADIOLOGY	₹ 6,542.00
Gross Amount		₹ 169,883.00
Discount Amount		₹ 25,083.00
Net Payable		₹ 144,800.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

NITHESHVAR R
Authorised Signature

Payment History

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