

### IN PATIENT SUMMARY BILL

UHID : MHI202482502      Bill No : MMH/HM/IPH202401675  
 IP No : IPH2024001655      Bill Date : 22/07/2024  
 Patient name : Mr.VIJI.J (CM SCHEME)      DOA : 15/7/2024 1:45PM  
 Age : 48 Y 5 M 21 D/Male      DOD :  
 Entity Type : Insurance  
 Consultant Name : Dr.RAJESH.V      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
	<b>Gross Amount</b>	₹ 169,883.00
	<b>Discount Amount</b>	₹ 25,083.00
	<b>Net Payable</b>	₹ 144,800.00
	<b>Received Amount</b>	₹ 0.00

Received Amount in Words : Zero Only      NITHESVAR R  
 Authorised Signature

#### Payment History

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