

### IN PATIENT SUMMARY BILL

UHID : MHI202484483      Bill No : MMH/HM/IPH202401686  
 IP No : IPH2024001634      Bill Date : 23/07/2024  
 Patient name : Mr.PANNEERSELVAM K (CM SCHEME)      DOA : 13/7/2024 11:00AM  
 Age : 57 Y 3 M 3 D/Male      DOD :  
 Entity Type : Insurance  
 Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 1,000.00
2	IMPLANT	₹ 29,736.00
3	LABORATORY	₹ 20,236.00
4	PHARMACY CHARGE	₹ 91,731.00
5	RADIOLOGY	₹ 6,396.00
		<b>₹ 149,099.00</b>
		<b>₹ 12,599.00</b>
		<b>₹ 136,500.00</b>
		<b>₹ 0.00</b>

**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					