

IN PATIENT SUMMARY BILL

UHID : MHI202484751 Bill No : MMH/HM/IPH202401723
 IP No : IPH2024001695 Bill Date : 27/07/2024
 Patient name : Mrs.SELVI (CM SCHEME) DOA : 20/7/2024 11:15AM
 Age : 49 Y 0 M 5 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 2,050.00
2	LABORATORY	₹ 13,714.00
3	PHARMACY CHARGE	₹ 98,343.00
4	RADIOLOGY	₹ 6,768.00
	Gross Amount	₹ 120,875.00
	Sanction Amount	₹ 86,100.00
	Discount Amount	₹ 34,775.00
	Net Payable	₹ 86,100.00
	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					

Medical Claim	Claim No	Sanction Amount
CMCHIS INSURANCE	13H_2257563276867-1	86,100.00