

IN PATIENT SUMMARY BILL

UHID : MHI202484751

IP No : IPH2024001695

Patient name : Mrs.SELVI (CM SCHEME)

Age : 49 Y 0 M 5 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401723

Bill Date : 27/07/2024

DOA : 20/7/2024 11:15AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

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