

IN PATIENT SUMMARY BILL

UHID : MHI202484792

IP No : IPH2024001730

Patient name : Mrs.ULAGAMMAL (CM SCHEME)

Age : 73 Y 8 M 20 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401755

Bill Date : 01/08/2024

DOA : 24/7/2024 1:31PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 3,100.00
2	IMPLANT	₹ 210,630.00
3	LABORATORY	₹ 17,687.00
4	PHARMACY CHARGE	₹ 98,595.00
5	RADIOLOGY	₹ 6,660.00
Gross Amount		₹ 336,672.00
Discount Amount		₹ 126,672.00
Net Payable		₹ 210,000.00
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					