

IN PATIENT SUMMARY BILL

UHID : MHI202484792 Bill No : MMH/HM/IPH202401755
 IP No : IPH2024001730 Bill Date : 01/08/2024
 Patient name : Mrs.ULAGAMMAL (CM SCHEME) DOA : 24/7/2024 1:31PM
 Age : 73 Y 8 M 20 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

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 NITHESVAR R
 Authorised Signature

Payment History

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