

IN PATIENT SUMMARY BILL

UHID : MHI202484966

IP No : IPH2024001790

Patient name : Mr.SYED IBRAHIM (CM SCHEME)

Age : 38 Y 2 M 12 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401797

Bill Date : 08/08/2024

DOA : 3/8/2024 11:10AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 7,150.00
2	LABORATORY	₹ 21,586.00
3	PHARMACY CHARGE	₹ 139,728.00
4	RADIOLOGY	₹ 4,440.00
Gross Amount		₹ 172,904.00
Discount Amount		₹ 75,404.00
Net Payable		₹ 97,500.00
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					