## IN PATIENT SUMMARY BILL

| | | | | | |
|---|---|---|---|---|---|
| UHID | : | MHI202370682 | Bill No | : | MMH/HM/IPH202401843 |
| IP No | : | IPH2024001844 | Bill Date | : | 13/08/2024 |
| Patient name | : | Mr.VIMALAN T[CM SCHEME] | DOA | : | 9/8/2024 3:41PM |
| Age | : | 59 Y 0 M 4 D/Male | DOD | : | |
| | | | Entity Type | : | Insurance |
| | | | Entity Name | : | CMCHIS INSURANCE |
| Consultant Name | : | Dr.K.JAISHANKAR | | | |

| S.No | Description | | Amount |
|---|---|---|---|
| 1 | BLOOD COMPONENTS | ₹ | 500.00 |
| 2 | IMPLANT | ₹ | 85,904.00 |
| 3 | LABORATORY | ₹ | 5,269.00 |
| 4 | PHARMACY CHARGE | ₹ | 11,518.00 |
| 5 | RADIOLOGY | ₹ | 960.00 |
| | **Gross Amount** | ₹ | **104,151.00** |
| | **Sanction Amount** | ₹ | **100,000.00** |
| | **Discount Amount** | ₹ | **4,151.00** |
| | **Net Payable** | ₹ | **100,000.00** |
| | **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 | | | | | |

| Medical Claim | Claim No | Sanction Amount |
|---|---|---|
| CMCHIS INSURANCE | 13H_2257563756425-1 | 100,000.00 |