

IN PATIENT SUMMARY BILL

UHID : MHI202485127

IP No : IPH2024001944

Patient name : Mr.SILAMBARASU (CM SCHEME)

Age : 30 Y 11 M 28 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202401970

Bill Date : 29/08/2024

DOA : 22/8/2024 12:16PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 37,170.00
3	LABORATORY	₹ 15,086.00
4	PHARMACY CHARGE	₹ 109,939.00
5	RADIOLOGY	₹ 5,378.00
Gross Amount		₹ 168,073.00
Discount Amount		₹ 63,073.00
Net Payable		₹ 105,000.00
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					