

### IN PATIENT SUMMARY BILL

UHID : MHI202485127      Bill No : MMH/HM/IPH202401970  
 IP No : IPH2024001944      Bill Date : 29/08/2024  
 Patient name : Mr.SILAMBARASU (CM SCHEME)      DOA : 22/8/2024 12:16PM  
 Age : 30 Y 11 M 28 D/Male      DOD :  
                                     Entity Type : Insurance  
                                     Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

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
		<b>₹ 168,073.00</b>
		<b>₹ 63,073.00</b>
		<b>₹ 105,000.00</b>
		<b>₹ 0.00</b>

Received Amount in Words : Zero Only

PRAVEEN  
Authorised Signature

#### Payment History

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