

IN PATIENT SUMMARY BILL

UHID : MHI202484764 Bill No : MMH/HM/IPH202402022
 IP No : IPH2024001978 Bill Date : 03/09/2024
 Patient name : Mr.SRIRAM (CM SCHEME) DOA : 27/8/2024 12:13PM
 Age : 21 Y 9 M 28 D/Male DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V Entity Name : CMCHIS INSURANCE

| S.No | Description | Amount |
|------|------------------------|--------------|
| 1 | BLOOD COMPONENTS | ₹ 1,000.00 |
| 2 | IMPLANT | ₹ 44,108.00 |
| 3 | LABORATORY | ₹ 15,763.00 |
| 4 | PHARMACY CHARGE | ₹ 111,591.00 |
| 5 | RADIOLOGY | ₹ 3,774.00 |
| | Gross Amount | ₹ 176,236.00 |
| | Sanction Amount | ₹ 136,500.00 |
| | Discount Amount | ₹ 39,736.00 |
| | Net Payable | ₹ 136,500.00 |
| | 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 | | | | | |