

IN PATIENT SUMMARY BILL

UHID : MHI202484764

IP No : IPH2024001978

Patient name : Mr.SRIRAM (CM SCHEME)

Age : 21 Y 9 M 28 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402022

Bill Date : 03/09/2024

DOA : 27/8/2024 12:13PM

DOD :

Entity Type : Insurance

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					