

IN PATIENT SUMMARY BILL

UHID : MHI202485435

IP No : IPH2024002030

Patient name : Mr.MURUGAN SUNTHARAPANDI (CM SCE

Age : 54 Y 8 M 8 D/Male

Bill No : MMH/HM/IPH202402072

Bill Date : 09/09/2024

DOA : 2/9/2024 11:44AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 17,609.00
4	PHARMACY CHARGE	₹ 122,722.00
5	RADIOLOGY	₹ 7,224.00
Gross Amount		₹ 192,163.00
Sanction Amount		₹ 136,500.00
Discount Amount		₹ 55,663.00
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					