

IN PATIENT SUMMARY BILL

UHID : MHI202485435 Bill No : MMH/HM/IPH202402072
 IP No : IPH2024002030 Bill Date : 09/09/2024
 Patient name : Mr.MURUGAN SUNTHARAPANDI (CM SCF) DOA : 2/9/2024 11:44AM
 Age : 54 Y 8 M 8 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	₹ 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					