

IN PATIENT SUMMARY BILL

UHID : MHI202485195

IP No : IPH2024002105

Patient name : Mr.RAVI M (CM SCHEME)

Age : 48 Y 5 M 9 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402144

Bill Date : 17/09/2024

DOA : 9/9/2024 11:23AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 11,776.00
3	PHARMACY CHARGE	₹ 77,085.00
4	RADIOLOGY	₹ 12,504.00
Gross Amount		₹ 101,865.00
Sanction Amount		₹ 97,500.00
Discount Amount		₹ 4,365.00
Net Payable		₹ 97,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

NITHESHVAR R  
Authorised Signature

Payment History

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