

IN PATIENT SUMMARY BILL

UHID : MHI202485195 Bill No : MMH/HM/IPH202402144
 IP No : IPH2024002105 Bill Date : 17/09/2024
 Patient name : Mr.RAVI M (CM SCHEME) DOA : 9/9/2024 11:23AM
 Age : 48 Y 5 M 9 D/Male DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V 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

NITHESVAR R
Authorised Signature

Payment History

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