

IN PATIENT SUMMARY BILL

UHID : MHI202375377

IP No : IPH2024002129

Patient name : Mrs.KRISHNAVENI .P(CM SCHEME)

Age : 57 Y 8 M 19 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402181

Bill Date : 20/09/2024

DOA : 11/9/2024 12:02PM

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	₹ 16,596.00
4	PHARMACY CHARGE	₹ 112,845.00
5	RADIOLOGY	₹ 13,488.00
Gross Amount		₹ 188,037.00
Sanction Amount		₹ 136,500.00
Discount Amount		₹ 51,537.00
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					