

### IN PATIENT SUMMARY BILL

UHID : MHI202375377      Bill No : MMH/HM/IPH202402181  
 IP No : IPH2024002129      Bill Date : 20/09/2024  
 Patient name : Mrs.KRISHNAVENI .P(CM SCHEME)      DOA : 11/9/2024 12:02PM  
 Age : 57 Y 8 M 19 D/Female      DOD :  
 Entity Type : Insurance  
 Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

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
	<b>Gross Amount</b>	₹ 188,037.00
	<b>Sanction Amount</b>	₹ 136,500.00
	<b>Discount Amount</b>	₹ 51,537.00
	<b>Net Payable</b>	₹ 136,500.00
	<b>Received Amount</b>	₹ 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					