

IN PATIENT SUMMARY BILL

UHID	:	MHI202485628	Bill No	MMH/HM/IPH202402191
IP No	:	IPH2024002189	Bill Date	21/09/2024
Patient name	:	Mrs.SHAKIRA KUTHBUDEEN (CM SCHEMI	DOA	17/9/2024 12:02PM
Age	:	56 Y 10 M 15 D/Female	DOD	
			Entity Type	Insurance
			Entity Name	CMCHIS INSURANCE
Consultant Name	:	Dr.RAJESH.V		

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 8,250.00
2	LABORATORY	₹ 32,395.00
3	PHARMACY CHARGE	₹ 63,632.00
4	RADIOLOGY	₹ 1,800.00
		₹ 106,077.00
		₹ 97,500.00
		₹ 8,577.00
		₹ 97,500.00
		₹ 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					