

IN PATIENT SUMMARY BILL

UHID : MHI202485602 Bill No : MMH/HM/IPH202402205
 IP No : IPH2024002175 Bill Date : 23/09/2024
 Patient name : Mrs.SUNDARAVADIVU.M (CM SCHEME) DOA : 16/9/2024 12:30PM
 Age : 46 Y 4 M 0 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 3,050.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 20,339.00
4	PHARMACY CHARGE	₹ 116,503.00
5	RADIOLOGY	₹ 7,836.00
		₹ 191,836.00
		₹ 136,500.00
		₹ 55,336.00
		₹ 136,500.00
		₹ 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					