

IN PATIENT SUMMARY BILL

UHID : MHI202485501

IP No : IPH2024002173

Patient name : Mr.KUMAR G(CM SCHEME)

Age : 69 Y 0 M 7 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402221

Bill Date : 24/09/2024

DOA : 16/9/2024 11:50AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 16,174.00
3	PHARMACY CHARGE	₹ 75,950.00
4	RADIOLOGY	₹ 6,686.00
Gross Amount		₹ 99,310.00
Sanction Amount		₹ 97,500.00
Discount Amount		₹ 1,810.00
Net Payable		₹ 97,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

NITHESHVAR R
Authorised Signature

Payment History

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