

### IN PATIENT SUMMARY BILL

UHID : MHI202485501      Bill No : MMH/HM/IPH202402221  
 IP No : IPH2024002173      Bill Date : 24/09/2024  
 Patient name : Mr.KUMAR G(CM SCHEME)      DOA : 16/9/2024 11:50AM  
 Age : 69 Y 0 M 7 D/Male      DOD :  
                                     Entity Type : Insurance  
                                     Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

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
	<b>Gross Amount</b>	₹ <b>99,310.00</b>
	<b>Sanction Amount</b>	₹ <b>97,500.00</b>
	<b>Discount Amount</b>	₹ <b>1,810.00</b>
	<b>Net Payable</b>	₹ <b>97,500.00</b>
	<b>Received Amount</b>	₹ <b>0.00</b>

**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					