

IN PATIENT SUMMARY BILL

UHID : MHI202485493

IP No : IPH2024002241

Patient name : Mr.JAYAKUMAR (CM SCHEME)

Age : 64 Y 7 M 28 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402268

Bill Date : 30/09/2024

DOA : 23/9/2024 12:10PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 5,200.00
2	LABORATORY	₹ 16,879.00
3	PHARMACY CHARGE	₹ 83,675.00
4	RADIOLOGY	₹ 6,134.00
Gross Amount		₹ 111,888.00
Sanction Amount		₹ 97,500.00
Discount Amount		₹ 14,388.00
Net Payable		₹ 97,500.00
Received Amount		₹ 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					