

IN PATIENT SUMMARY BILL

UHID : MHI202485493 Bill No : MMH/HM/IPH202402268
 IP No : IPH2024002241 Bill Date : 30/09/2024
 Patient name : Mr.JAYAKUMAR (CM SCHEME) DOA : 23/9/2024 12:10PM
 Age : 64 Y 7 M 28 D/Male DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V 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					