

IN PATIENT SUMMARY BILL

UHID : MHI202485654

IP No : IPH2024002244

Patient name : Mr.ESWARAN.K (CM SCHEME)

Age : 56 Y 2 M 0 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402284

Bill Date : 30/09/2024

DOA : 23/9/2024 2:48PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 31,449.00
3	PHARMACY CHARGE	₹ 82,275.00
4	RADIOLOGY	₹ 7,956.00
Gross Amount		₹ 122,180.00
Sanction Amount		₹ 97,500.00
Discount Amount		₹ 24,680.00
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					