

### IN PATIENT SUMMARY BILL

UHID : MHI202485654      Bill No : MMH/HM/IPH202402284  
 IP No : IPH2024002244      Bill Date : 30/09/2024  
 Patient name : Mr.ESWARAN.K (CM SCHEME )      DOA : 23/9/2024 2:48PM  
 Age : 56 Y 2 M 0 D/Male      DOD :  
 Entity Type : Insurance  
 Consultant Name : Dr.RAJESH.V      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
	<b>Gross Amount</b>	₹ 122,180.00
	<b>Sanction Amount</b>	₹ 97,500.00
	<b>Discount Amount</b>	₹ 24,680.00
	<b>Net Payable</b>	₹ 97,500.00
	<b>Received Amount</b>	₹ 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					