

### IN PATIENT SUMMARY BILL

UHID : MHI202485054      Bill No : MMH/HM/IPH202402357  
 IP No : IPH2024002316      Bill Date : 08/10/2024  
 Patient name : Mrs.PRABAVATHI (CM SCHEME)      DOA : 1/10/2024 12:15PM  
 Age : 46 Y 0 M 7 D/Female      DOD :  
 Entity Type : Insurance  
 Entity Name : CMCHIS INSURANCE  
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 1,000.00
2	IMPLANT	₹ 88,217.00
3	LABORATORY	₹ 30,943.00
4	PHARMACY CHARGE	₹ 139,146.00
5	RADIOLOGY	₹ 8,436.00
	<b>Gross Amount</b>	₹ 267,742.00
	<b>Sanction Amount</b>	₹ 159,600.00
	<b>Discount Amount</b>	₹ 108,142.00
	<b>Net Payable</b>	₹ 159,600.00
	<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					