

IN PATIENT SUMMARY BILL

UHID : MHI202485054

IP No : IPH2024002316

Patient name : Mrs.PRABAVATHI (CM SCHEME)

Age : 46 Y 0 M 7 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402357

Bill Date : 08/10/2024

DOA : 1/10/2024 12:15PM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

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
Gross Amount		₹ 267,742.00
Sanction Amount		₹ 159,600.00
Discount Amount		₹ 108,142.00
Net Payable		₹ 159,600.00
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					