

IN PATIENT SUMMARY BILL

UHID : MHI202485872

IP No : IPH2024002285

Patient name : Mrs.BHAVANI.B (CM SCHEME)

Age : 55 Y 10 M 20 D/Female

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402361

Bill Date : 08/10/2024

DOA : 28/9/2024 11:16AM

DOD :

Entity Type : Insurance

Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 31,233.00
3	PHARMACY CHARGE	₹ 90,515.00
4	RADIOLOGY	₹ 14,054.00
Gross Amount		₹ 136,302.00
Sanction Amount		₹ 97,500.00
Discount Amount		₹ 38,802.00
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					