

IN PATIENT SUMMARY BILL

UHID : MHI202485872 Bill No : MMH/HM/IPH202402361
 IP No : IPH2024002285 Bill Date : 08/10/2024
 Patient name : Mrs.BHAVANI.B (CM SCHEME) DOA : 28/9/2024 11:16AM
 Age : 55 Y 10 M 20 D/Female DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	LABORATORY	₹ 31,233.00
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					