

IN PATIENT SUMMARY BILL

UHID : MHI202485986 Bill No : MMH/HM/IPH202402413
 IP No : IPH2024002370 Bill Date : 17/10/2024
 Patient name : Mrs.NAGAMMAL K (CM SCHEME) DOA : 7/10/2024 12:00PM
 Age : 53 Y 9 M 27 D/Female DOD :
 Entity Type : Insurance
 Entity Name : CMCHIS INSURANCE
 Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 3,550.00
2	IMPLANT	₹ 44,108.00
3	LABORATORY	₹ 28,468.00
4	PHARMACY CHARGE	₹ 150,819.00
5	RADIOLOGY	₹ 6,864.00
	Gross Amount	₹ 233,809.00
	Sanction Amount	₹ 136,500.00
	Discount Amount	₹ 97,309.00
	Net Payable	₹ 136,500.00
	Received Amount	₹ 0.00

Received Amount in Words : Zero Only

NITHESVAR R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					