

IN PATIENT SUMMARY BILL

UHID : MHI202485986

IP No : IPH2024002370

Patient name : Mrs.NAGAMMAL K (CM SCHEME)

Age : 53 Y 9 M 27 D/Female

Bill No : MMH/HM/IPH202402413

Bill Date : 17/10/2024

DOA : 7/10/2024 12:00PM

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

NITHESHVAR R
Authorised Signature

Payment History

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