

IN PATIENT SUMMARY BILL

UHID : MHI202485838 Bill No : MMH/HM/IPH202402414
 IP No : IPH2024002381 Bill Date : 17/10/2024
 Patient name : Mr.BABU RAJ J (CM SCHEME) DOA : 8/10/2024 11:57AM
 Age : 55 Y 3 M 7 D/Male DOD :
 Entity Type : Insurance
 Consultant Name : Dr.RAJESH.V Entity Name : CMCHIS INSURANCE

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 1,000.00
2	IMPLANT	₹ 37,170.00
3	LABORATORY	₹ 18,938.00
4	PHARMACY CHARGE	₹ 116,508.00
5	RADIOLOGY	₹ 6,324.00
		₹ 179,940.00
		₹ 105,000.00
		₹ 74,940.00
		₹ 105,000.00
		₹ 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					