

IN PATIENT SUMMARY BILL

UHID : MHI202485838

IP No : IPH2024002381

Patient name : Mr.BABU RAJ J (CM SCHEME)

Age : 55 Y 3 M 7 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202402414

Bill Date : 17/10/2024

DOA : 8/10/2024 11:57AM

DOD :

Entity Type : Insurance

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
Gross Amount		₹ 179,940.00
Sanction Amount		₹ 105,000.00
Discount Amount		₹ 74,940.00
Net Payable		₹ 105,000.00
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					