

IN PATIENT SUMMARY BILL

UHID : MHI202371274
IP No : IPH202302479
Patient name : Mr.DEENATHAYALAN.R
Age : 69/Male

Bill No : MMH/HM/IPH00501
Bill Date : 13/12/2023
DOA : 12/12/2023 8:32AM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO LTD

Consultant Name : Dr.JAISHANKAR.K

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,419.00
2	PHARMACY CHARGE	₹ 6,081.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SANTHOSH
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0001203	13,500.00