

IN PATIENT SUMMARY BILL

UHID	: MHI202373681	Bill No	: MMH/HM/IPH00481
IP No	: IPH202302467	Bill Date	: 11/12/2023
Patient name	: Ms.ENGAMMA,S	DOA	: 9/12/2023 12:13PM
Age	: 55/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNIVERSAL SAMPO GEN
Consultant Name	: Dr.G. GNANAVELU	TPA	: INSURANCE HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,799.00
2	PHARMACY CHARGE	₹ 6,201.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 18,000.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,000.00

Received Amount in Words : Five Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-09 12:26:43.01	MMH/HM/RECAP00505	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNIVERSAL SAMPO GEN INSURANCE	23120900329	18,000.00