

IN PATIENT SUMMARY BILL

UHID : MHI202374295
IP No : IPH2023002601
Patient name : Mrs.RENUKADEVI.C
Age : 58 Y 1 M 21 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH00619
Bill Date : 27/12/2023
DOA : 26/12/2023 12:18PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA ASSURANCE CO. LTD
PVT LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,533.00
2	PHARMACY CHARGE	₹ 5,967.00
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

IYAPPAN R
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118356602	13,500.00