

**IN PATIENT SUMMARY BILL**

UHID : MHI202381083  
IP No : IPH202302452  
Patient name : Mr.KRISHNAMOORTHY C  
Age : 70 Y 8 M 24 D/Male

Bill No : MMH/HM/IPH00479  
Bill Date : 11/12/2023  
DOA : 8/12/2023 8:18AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
ASSURANCE CO. LTD

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,054.00
2	PHARMACY CHARGE	₹ 5,446.00
<b>Gross Amount</b>		₹ 13,500.00
<b>Sanction Amount</b>		₹ 13,500.00
<b>Net Payable</b>		₹ 13,500.00
<b>Advance Amount</b>		₹ 5,000.00
<b>Received Amount</b>		₹ 0.00
<b>Refund Amount</b>		₹ 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	2023-12-08 08:32:39.000	MMH/HM/RECAP00487	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	1179990749	13,500.00