

IN PATIENT SUMMARY BILL

UHID : MHI202381150
IP No : IPH202302442
Patient name : Mrs.SUSEELA D N
Age : 72 Y 6 M 17 D/Female

Bill No : MMH/HM/IPH00468
Bill Date : 08/12/2023
DOA : 7/12/2023 8:40AM
DOD :
Entity Type : Insurance
Entity Name : BAJAJ ALLIANZ GENERAL INSURANCE

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,073.00
2	PHARMACY CHARGE	₹ 6,927.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 11,500.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 6,500.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Five Hundred Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 18:04:58.703	MMH/HM/RECAP00483	CASH	Advance Amount	6,500.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	OG-24-1501-8403-00000001	11,500.00