

IN PATIENT SUMMARY BILL

UHID : MHI202381169
IP No : IPH202302497
Patient name : Mrs.AMALA.D
Age : 67 Y 8 M 6 D/Female

Bill No : MMH/HM/IPH00514
Bill Date : 14/12/2023
DOA : 13/12/2023 11:56AM
DOD :
Entity Type : Corporate
Entity Name : CGHS

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 5,062.00
2	PHARMACY CHARGE	₹ 5,651.00
Gross Amount		₹ 10,713.00
Sanction Amount		₹ 10,713.00
Net Payable		₹ 10,713.00
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
CGHS	CH03/09DEC2023/13128	10,713.00