

### IN PATIENT SUMMARY BILL

UHID : MHC202381246  
IP No : IPH202302482  
Patient name : Mr.RAMAMOORTHY  
Age : 62 Y 10 M 24 D/Male

Bill No : MMH/HM/IPH00500  
Bill Date : 13/12/2023  
DOA : 12/12/2023 11:04AM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
INSURANCE CO LTD

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,270.00
2	PHARMACY CHARGE	₹ 5,230.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
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	2023-12-12 11:12:39.570	MMH/HM/RECAP00529	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0001491	13,500.00