

IN PATIENT SUMMARY BILL

UHID : MHI202381293
IP No : IPH202302501
Patient name : Mrs.CHITHRA
Age : 51 Y 7 M 14 D/Female

Bill No : MMH/HM/IPH00517
Bill Date : 15/12/2023
DOA : 14/12/2023 10:36AM
DOD :
Entity Type : Insurance
Entity Name : NATIONAL INSURANCE
COMPANY LTD

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,775.00
2	PHARMACY CHARGE	₹ 4,725.00
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					

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	6463719	13,500.00