

IN PATIENT SUMMARY BILL

UHID : MHI202400026

IP No : IPH2024000032

Patient name : Mr.SRINIVASULU K A

Age : 65 Y 1 M 3 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400032

Bill Date : 04/01/2024

DOA : 4/1/2024 11:51AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA

TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 6,678.00
2	PHARMACY CHARGE	₹ 6,822.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118539958	13,500.00