

IN PATIENT SUMMARY BILL

UHID : MHI202481661

IP No : IPH2024000059

Patient name : Mrs.PANKAJAM MANI

Age : 60 Y 2 M 4 D/Female

Bill No : MMH/HM/IPH202400058

Bill Date : 09/01/2024

DOA : 8/1/2024 10:03AM

DOD :

Entity Type : Insurance

Entity Name : ACKO HEALTH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 13,539.00
2	PHARMACY CHARGE	₹ 4,461.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 18,000.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,000.00

Received Amount in Words : Five Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
ACKO HEALTH	24010800809	18,000.00