IN PATIENT SUMMARY BILL

UHID	:	MHI202481698	Bill No	:	MMH/HM/IPH202400205
IP No	:	IPH2024000192	Bill Date	:	30/01/2024
Patient name	:	Ms.DHARSHINI D	DOA	:	28/1/2024 8:57PM
Age	:	14 Y 0 M 16 D/Female	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	HVF
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	50,732.00
2	IMPLANT	₹	200,530.00
3	LABORATORY	₹	48.00
4	PHARMACY CHARGE	₹	8,515.00
5	RADIOLOGY	₹	400.00

Gross Amount	₹	**260,225.00**
Sanction Amount	₹	**250,000.00**
Net Payable	₹	**260,225.00**
Advance Amount	₹	**10,225.00**
Received Amount	₹	**0.00**

Received Amount in Words : Ten Thousand Two Hundred Twenty-Five Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	10,225.00

Medical Claim	Claim No	Sanction Amount
HVF	02103/HVF/MAF/29233	250,000.00