

IN PATIENT SUMMARY BILL

UHID : MHI202481858

IP No : IPH2024000231

Patient name : Mrs.PONNAMMAL N

Age : 65 Y 0 M 14 D/Female

Bill No : MMH/HM/IPH202400237

Bill Date : 01/02/2024

DOA : 1/2/2024 9:10AM

DOD :

Entity Type : Corporate

Entity Name : CGHS

Consultant Name : Dr.K.JAISHANKAR

| S.No            | Description              | Amount      |
|-----------------|--------------------------|-------------|
| 1               | CARDIOLOGY PACKAGE-HEART | ₹ 6,467.00  |
| 2               | PHARMACY CHARGE          | ₹ 5,435.00  |
| Gross Amount    |                          | ₹ 11,902.00 |
| Sanction Amount |                          | ₹ 11,902.00 |
| Net Payable     |                          | ₹ 11,902.00 |
| Received Amount |                          | ₹ 0.00      |

Received Amount in Words : Zero Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

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

| Medical Claim | Claim No | Sanction Amount |
|---------------|----------|-----------------|
| CGHS          | 1518898  | 11,902.00       |