

IN PATIENT SUMMARY BILL

UHID : MHI202481902

IP No : IPH2024000196

Patient name : Mr.CHANDRASEKHAR.R

Age : 49 Y 1 M 15 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400200

Bill Date : 29/01/2024

DOA : 29/1/2024 9:01AM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,802.00
2	PHARMACY CHARGE	₹ 5,698.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
Received Amount		₹ 0.00

Remarks : PPN PACKAGE RS.13500 ONLY AS PER MR.RAJESH(INSURANCE)

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
UNITED INDIA INSURANCE CO LTD	HI-UIC-002318025	13,500.00