

IN PATIENT SUMMARY BILL

UHID : MHI202481913

IP No : IPH2024000159

Patient name : Mrs.NEELA.K

Age : 72 Y 0 M 12 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400155

Bill Date : 22/01/2024

DOA : 22/1/2024 11:23AM

DOD :

Entity Type : Corporate

Entity Name : CHENNAI PORT TRUST

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 2,026.00
2	PHARMACY CHARGE	₹ 7,289.00
Gross Amount		₹ 9,315.00
Sanction Amount		₹ 9,315.00
Net Payable		₹ 9,315.00
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
CHENNAI PORT TRUST	10011569	9,315.00