

IN PATIENT SUMMARY BILL

UHID : MHI202482275

IP No : IPH2024000308

Patient name : Mr.ABDUL SAJID

Age : 41 Y 11 M 8 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400308

Bill Date : 10/02/2024

DOA : 10/2/2024 9:36AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,123.00
2	PHARMACY CHARGE	₹ 5,377.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 12,150.00
Net Payable		₹ 13,500.00
Advance Amount		₹ 1,350.00
Received Amount		₹ 0.00

Received Amount in Words : One Thousand Three Hundred Fifty Only

PRAVEEN KUMAR

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	1,350.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	HI-NIA-002648663	12,150.00