

IN PATIENT SUMMARY BILL

UHID : MHI202482835

IP No : IPH2024000591

Patient name : Mrs.SHANTHI

Age : 59 Y 11 M 21 D/Female

Bill No : MMH/HM/IPH202400714

Bill Date : 28/03/2024

DOA : 12/3/2024 5:00PM

DOD :

Entity Type : Corporate

Entity Name : CHENNAI PORT TRUST

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	GENERAL PROCEDURE	₹ 13,984.00
2	LABORATORY	₹ 24.00
3	PHARMACY CHARGE	₹ 23,262.00
4	RADIOLOGY	₹ 170.00
Gross Amount		₹ 37,440.00
Sanction Amount		₹ 37,440.00
Net Payable		₹ 37,440.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

AKASH
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	16193	37,440.00