

IN PATIENT SUMMARY BILL

UHID : MHI202482934

IP No : IPH2024000953

Patient name : Mrs.CHANDRA CT

Age : 55 Y 8 M 10 D/Female

Bill No : MMH/HM/IPH202400955

Bill Date : 23/04/2024

DOA : 21/4/2024 4:12PM

DOD :

Entity Type : Corporate

Entity Name : CHENNAI PORT TRUST

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 184,540.00
2	IMPLANT	₹ 85,904.00
3	LABORATORY	₹ 48.00
4	PHARMACY CHARGE	₹ 7,962.00
5	RADIOLOGY	₹ 50.00
Gross Amount		₹ 278,504.00
Sanction Amount		₹ 278,504.00
Net Payable		₹ 278,504.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN
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	10032958	278,504.00