

IN PATIENT SUMMARY BILL

UHID : MHI202483216

IP No : IPH2024000799

Patient name : Mrs.CHITHRA S

Age : 67 Y 2 M 8 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400777

Bill Date : 03/04/2024

DOA : 3/4/2024 11:19AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,590.00
2	PHARMACY CHARGE	₹ 6,410.00
Gross Amount		₹ 16,000.00
Net Payable		₹ 16,000.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	16,000.00