

IN PATIENT SUMMARY BILL

UHID : MHI202483469

IP No : IPH2024000960

Patient name : Mr.CHANDRASEKAR.V.R

Age : 66 Y 1 M 28 D/Male

Bill No : MMH/HM/IPH202400942

Bill Date : 23/04/2024

DOA : 22/4/2024 10:01AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,753.00
2	PHARMACY CHARGE	₹ 5,747.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
Received Amount		₹ 0.00

Received Amount in Words :

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	241400024972	13,500.00