

IN PATIENT SUMMARY BILL

UHID : MMH202475969

IP No : IPH2024000948

Patient name : Dr.ARUN KUMAR I

Age : 52 Y 0 M 3 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400941

Bill Date : 23/04/2024

DOA : 21/4/2024 7:22AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 2,474.00
2	LABORATORY	₹ 312.00
3	PHARMACY CHARGE	₹ 10,714.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 13,500.00
Net Payable		₹ 13,500.00
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
THE ORIENTAL INSURANCE	37584294	13,500.00