



Advance receipt

Receipt no : ABA2526/1019
UHID : 300141730
Patient Name : Mrs. MEENA JAIN
Gender/Age : Female/ 68 Yr
Contact No : 9711808239
Address : 29/23 SHAKTI NAGAR DELHI , NEW DELHI, New Delhi, INDIA, - 110007
Pan No :
Receipt Date : 14/04/2025 11:40AM
IP No : AC25/5640
Admission Date : 14/04/2025
Payer : National Insurance Company Ltd.
Doctor Name : Dr. SS UNIT

Particulars	Amount
IPD Collection	10000.00
Total Amount (Rs.):	10000.00

Remarks :

By Cash: Rs. 10000.00/- Date :

Received an amount of (Rs.) Ten Thousand only.


(ANKITA GUPTA-ACH1461)
Authorised Signatory

Amount Refunded :



Action Cancer Hospital

World-class Care



07AABTM0270H2ZT

Advance Receipt (Settlement) IP

Receipt No : ABA2526/1161 **Receipt Date** : 15/04/2025 17:32
DOA : 14/04/2025 **DOD** : 15/04/2025
Policy No : **Member ID** :
SOAP No : **Card No** :
Payor : Private Patient
Sponsor :
Entitlement : **IP No** : AC25/5640

SNo	Bill No	Bill Date	UHID	Patient Name	Amt. Adjusted
1	AIPC2526/296	15/04/2025 17:30	3001417 30	MEENA JAIN	35176.00

Total : 35176.00

Amount Received in words (Rs.) Thirty Five Thousand One Hundred Seventy Six Only.

Payment Mode Details

Particulars	Amount
Cash	20000.00
Credit Card	No : 8316 Date : 15/04/2025 Bank : CANARA BANK 15176.00
Total	35176.00

Description of Good / Services - inpatient Services
TAX PAYABLE ON R.C.M. - NO

Printed By: 4925

H-2/FC-34, And, Paschim Vihar, New Delhi-110063

Prepared By: FARUN **Print Date** : 15/04/2025 17:31
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