YASHVARDHAN MALPANI

NIVA BUPA POLICY NO - 33221556202401

HOSPITAL CASHLESS REQUEST ID - 911018

POST HOSPITALIZATION EXPENSES

DATE	BILL NO	HOSPITAL/LAB/DOCTOR	DESCRIPTION	AMT
05/07/2024	OPBL/25171909	KOKILABEN AMBANI HOSPITAL	CONSULTATION FEE	5000
05/07/2024	OPBL/25171912	KOKILABEN AMBANI HOSPITAL	PHARMACY	5181
12/07/2024	OPBL/25184504	KOKILABEN AMBANI HOSPITAL	PHARMACY	638
13/07/2024	641	DR. MASOOMA'S PHYSIO	PHISIOTHERAPY	9000
				19819