

IN PATIENT SUMMARY BILL

UHID : MHI202380695

IP No : IPH2024000470

Patient name : Mr.ABDUL HAMEED K

Age : 53 Y 3 M 29 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400457

Bill Date : 28/02/2024

DOA : 27/2/2024 12:08PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 12,615.00
2	PHARMACY CHARGE	₹ 5,385.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 14,400.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 12,400.00

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	27/02/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	5,000.00
2	27/02/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	11,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111113/1655722	14,400.00