

IN PATIENT SUMMARY BILL

UHID	: MHI202381295	Bill No	: MMH/HM/IPH00637
IP No	: IPH2023002618	Bill Date	: 29/12/2023
Patient name	: Mrs.PADMAJOTHI.T	DOA	: 28/12/2023 10:26AM
Age	: 59 Y 11 M 16 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.G. GNANAVELU	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 12,564.00
2	PHARMACY CHARGE	₹ 5,436.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 14,400.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 3,600.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Six Hundred Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/12/2023	MMH/HM/RECAP00721	CARD	Advance Amount	3,600.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111122/1360762	14,400.00