

IN PATIENT SUMMARY BILL

UHID : MHI202400004

IP No : IPH2024000008

Patient name : Mr.THANGAPERUMAL N

Age : 55 Y 11 M 15 D/Male

Consultant Name : Dr.G. GNANA VELU

Bill No : MMH/HM/IPH202400010

Bill Date : 03/01/2024

DOA : 2/1/2024 10:20AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 13,069.00
2	PHARMACY CHARGE	₹ 4,931.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 14,400.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,400.00

Received Amount in Words : Five Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111113/138705	14,400.00