

IN PATIENT SUMMARY BILL

UHID : MHI202481625

IP No : IPH2024000040

Patient name : Mr.LOGANATHAN.C

Age : 68 Y 3 M 2 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400038

Bill Date : 06/01/2024

DOA : 5/1/2024 11:38AM

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	₹ 13,779.00
2	PHARMACY CHARGE	₹ 4,221.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 12,960.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 5,040.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Forty Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	5,000.00
2	05/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	40.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/121311140391	12,960.00