

IN PATIENT SUMMARY BILL

UHID : MHI202481665

IP No : IPH2024000103

Patient name : Mrs.GEETA RATHIYA

Age : 50 Y 5 M 3 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400112

Bill Date : 17/01/2024

DOA : 12/1/2024 9:55AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 12,926.00
2	PHARMACY CHARGE	₹ 5,074.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 18,000.00
Net Payable		₹ 18,000.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/17100/1426431	18,000.00