

IN PATIENT SUMMARY BILL

UHID : MHI202481749

IP No : IPH2024000088

Patient name : Mr.SRINIVASAN N S

Age : 70 Y 5 M 11 D/Male

Consultant Name : Dr.NARENDRAN M

Bill No : MMH/HM/IPH202400085

Bill Date : 11/01/2024

DOA : 10/1/2024 12:20PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 13,013.00
2	PHARMACY CHARGE	₹ 4,987.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 16,200.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 1,800.00
Received Amount		₹ 0.00

Received Amount in Words : One Thousand Eight Hundred Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	1,800.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111123/1421841	16,200.00