

### IN PATIENT SUMMARY BILL

UHID : MHI202481749 Bill No : MMH/HM/IPH202400085  
IP No : IPH2024000088 Bill Date : 11/01/2024  
Patient name : Mr.SRINIVASAN N S DOA : 10/1/2024 12:20PM  
Age : 70 Y 5 M 11 D/Male DOD :  
Consultant Name : Dr.NARENDRAN M 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
	<b>Gross Amount</b>	₹ 18,000.00
	<b>Sanction Amount</b>	₹ 16,200.00
	<b>Net Payable</b>	₹ 18,000.00
	<b>Advance Amount</b>	₹ 1,800.00
	<b>Received Amount</b>	₹ 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