

IN PATIENT SUMMARY BILL

UHID	: MHI202482268	Bill No	: MMH/HM/IPH202400323
IP No	: IPH2024000318	Bill Date	: 13/02/2024
Patient name	: Mr.BASKARAN	DOA	: 12/2/2024 8:09AM
Age	: 48 Y 10 M 9 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.K.JAISHANKAR	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,901.00
2	PHARMACY CHARGE	₹ 6,099.00
Gross Amount		₹ 18,000.00
Sanction Amount		₹ 14,400.00
Net Payable		₹ 18,000.00
Advance Amount		₹ 3,600.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Six Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	3,600.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/612006/1571709	14,400.00