

IN PATIENT SUMMARY BILL

UHID : MHI202482817

IP No : IPH2024000587

Patient name : Mrs.SWEETLIN CHRYSOLYTE

Age : 49 Y 3 M 22 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400567

Bill Date : 13/03/2024

DOA : 12/3/2024 11:25AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 12,939.00
2	PHARMACY CHARGE	₹ 5,061.00
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	12/03/2024	MMH/HM/RECAP20240006	CASH	Advance Amount	3,600.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/121300/1724948	14,400.00