

IN PATIENT SUMMARY BILL

UHID : MHI202483093

IP No : IPH2024000728

Patient name : Mr.RAMESH.S

Age : 54 Y 9 M 2 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400713

Bill Date : 28/03/2024

DOA : 27/3/2024 10:57AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,492.00
2	PHARMACY CHARGE	₹ 6,508.00
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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	1,800.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1798436	16,200.00