

IN PATIENT SUMMARY BILL

UHID : MHI202483568

IP No : IPH2024000985

Patient name : Mrs.GOMATHI V

Age : 53 Y 3 M 0 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400967

Bill Date : 24/04/2024

DOA : 24/4/2024 12:00PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,809.00
2	PHARMACY CHARGE	₹ 6,191.00
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

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	3,600.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2025/111121/0112990	14,400.00