

IN PATIENT SUMMARY BILL

UHID	: MH00217	Bill No	: MMH/MH/IP00124
IP No	: IP2023002673	Bill Date	: 12/12/2023
Patient name	: Mrs.NAGAJOTHI	DOA	: 8/12/2023 12:37PM
Age	: 40 Y 0 M 4 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 2,250.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	OTHER ADDITION	₹ 4,815.00
9	PHARMACY CHARGE	₹ 11,057.15
10	PROFESSIONAL TEAM FEES	₹ 18,700.00
11	RADIOLOGY	₹ 440.00
Gross Amount		₹ 53,262.15
Sanction Amount		₹ 53,262.00
Net Payable		₹ 53,262.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/700001/1275033	53,262.00