

IN PATIENT SUMMARY BILL

UHID	: MH00935	Bill No	: MMH/MH/IP00097
IP No	: IP2023002601	Bill Date	: 08/12/2023
Patient name	: Ms.SANDHYA.D	DOA	: 27/11/2023 8:34PM
Age	: 23 Y 0 M 12 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	₹ 20,625.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
4	LABORATORY	₹ 2,290.00
5	NURSING CHARGE	₹ 5,625.00
6	OTHER ADDITION	₹ 386.00
7	PHARMACY CHARGE	₹ 24,439.00
8	PROFESSIONAL TEAM FEES	₹ 6,600.00
9	RADIOLOGY	₹ 6,000.00
Gross Amount		₹ 71,565.00
Sanction Amount		₹ 67,655.00
Net Payable		₹ 71,565.00
Advance Amount		₹ 7,433.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,523.00

Received Amount in Words : Seven Thousand Four Hundred Thirty-Three Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 20:45:31.400	MMH/MH/RECH00101	CASH	Advance Amount	3,000.00
2	2023-12-08 17:30:44.816	MMH/MH/RECH00236	CHEQUE	Advance Amount	1,833.00
3	2023-12-08 17:34:26.376	MMH/MH/RECH00237	CHEQUE	Advance Amount	2,600.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111121/1221390	67,655.00