

IN PATIENT SUMMARY BILL

UHID : MH02488

IP No : IP2024002055

Patient name : Mrs.VALARMATHI.S

Age : 59 Y 2 M 23 D/Female

Bill No : MMH/MH/IP202402055

Bill Date : 25/09/2024

DOA : 16/9/2024 7:11AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 9,447.00
8	NURSING CHARGE	₹ 4,400.00
9	OPERATION THEATRE CHARGES	₹ 30,120.00
10	OTHER ADDITION	₹ 38,073.00
11	PHARMACY CHARGE	₹ 236,723.00
12	PHYSIOTHERAPY	₹ 4,200.00
13	PROCEDURE CHARGES	₹ 2,500.00
14	PROFESSIONAL TEAM FEES	₹ 132,200.00
15	RADIOLOGY	₹ 5,360.00
Gross Amount		₹ 494,698.00
Sanction Amount		₹ 413,886.00
Net Payable		₹ 494,698.00
Advance Amount		₹ 80,812.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty Thousand Eight Hundred Twelve Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/21/2024	MMH/MH/RECH202403691	UPI	Advance Amount	77,812.00
2	9/16/2024	MMH/MH/RECH202403598	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111217/0879609	413,886.00