

IN PATIENT SUMMARY BILL

UHID : MH16939

IP No : IP2024000284

Patient name : Mrs.AKILA C

Age : 44 Y 5 M 17 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400305

Bill Date : 10/02/2024

DOA : 5/2/2024 9:19PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 1,200.00
5	LABORATORY	₹ 22,861.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 2,708.00
8	PHARMACY CHARGE	₹ 7,079.00
9	PROFESSIONAL TEAM FEES	₹ 4,950.00
10	RADIOLOGY	₹ 2,880.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 52,628.00
Sanction Amount		₹ 46,628.00
Net Payable		₹ 52,628.00
Advance Amount		₹ 6,000.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/02/2024	MMH/MH/RECH2024004	CARD	Advance Amount	3,000.00
2	07/02/2024	MMH/MH/RECH2024004	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/121200/1554466	46,628.00