

IN PATIENT SUMMARY BILL

UHID	: MH17807	Bill No	: MMH/MH/IP202401826
IP No	: IP2024001852	Bill Date	: 25/08/2024
Patient name	: Mrs.POORNIMA	DOA	: 19/8/2024 11:51AM
Age	: 40 Y 0 M 6 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 18,175.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 2,400.00
6	LABORATORY	₹ 49,889.00
7	NURSING CHARGE	₹ 3,600.00
8	OTHER ADDITION	₹ 5,984.00
9	PHARMACY CHARGE	₹ 10,661.00
10	PROFESSIONAL TEAM FEES	₹ 13,750.00
11	RADIOLOGY	₹ 3,120.00
Gross Amount		₹ 114,304.00
Sanction Amount		₹ 84,318.00
Net Payable		₹ 114,304.00
Advance Amount		₹ 29,986.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Nine Thousand Nine Hundred Eighty-Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/19/2024	MMH/MH/RECH202403192	UPI	Advance Amount	3,000.00
2	8/23/2024	MMH/MH/RECH202403262	CARD	Advance Amount	26,986.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111111/0744918	84,318.00