

IN PATIENT SUMMARY BILL

UHID : MH19027
IP No : IP2024001091
Patient name : Mrs.JAYANTHI C
Age : 61 Y 11 M 10 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401084
Bill Date : 20/05/2024
DOA : 12/5/2024 7:26PM
DOD :
Entity Type : Insurance
Entity Name : STAR HEALTH AND ALLIED
TPA : STAR HEALTH AND ALLIED
INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 35,500.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 8,000.00
6	GENERAL PROCEDURE	₹ 2,500.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 23,967.00
9	NURSING CHARGE	₹ 9,600.00
10	OTHER ADDITION	₹ 20,597.00
11	PHARMACY CHARGE	₹ 67,620.00
12	PHYSIOTHERAPY	₹ 2,100.00
13	PROFESSIONAL TEAM FEES	₹ 19,800.00
14	RADIOLOGY	₹ 5,072.00

Gross Amount ₹ 211,606.00
Sanction Amount ₹ 183,806.00
Net Payable ₹ 211,606.00
Advance Amount ₹ 26,080.00
Received Amount ₹ 1,720.00

Received Amount in Words : Twenty-Seven Thousand Eight Hundred Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	5,000.00
2	18/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	21,080.00
3	20/05/2024	MMH/MH/REDH2024106	CHEQUE	Collected Amount	1,720.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/700001/0219090	183,806.00