

IN PATIENT SUMMARY BILL

UHID : MH19027
IP No : IP2024001191
Patient name : Mrs.JAYANTHI CHANDRASEKHARAN
Age : 61 Y 11 M 20 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401169
Bill Date : 30/05/2024
DOA : 27/5/2024 12:26PM
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	₹ 8,250.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 11,285.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 7,850.00
10	OTHER ADDITION	₹ 18,739.54
11	PHARMACY CHARGE	₹ 15,448.46
12	PROFESSIONAL TEAM FEES	₹ 24,200.00
13	RADIOLOGY	₹ 1,140.00

Gross Amount ₹ 94,063.00
Sanction Amount ₹ 59,063.00
Net Payable ₹ 94,063.00
Advance Amount ₹ 35,000.00
Received Amount ₹ 0.00

Received Amount in Words : Thirty-Five Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	15,000.00
2	30/05/2024	MMH/MH/RECH2024020	CARD	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/700001/0295721	59,063.00