

IN PATIENT SUMMARY BILL

UHID : MH21263

IP No : IP2024000061

Patient name : Mrs.KANTHIMATHI S

Age : 58 Y 9 M 16 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202400081

Bill Date : 10/01/2024

DOA : 8/1/2024 11:34AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	LABORATORY	₹ 6,942.00
6	NURSING CHARGE	₹ 1,500.00
7	OTHER ADDITION	₹ 3,919.00
8	PHARMACY CHARGE	₹ 19,156.00
9	PROFESSIONAL FEES	₹ 4,400.00
10	RADIOLOGY	₹ 480.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 49,047.00
Sanction Amount		₹ 45,769.00
Net Payable		₹ 49,047.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,722.00

Received Amount in Words : Five Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MH/RECH20240006	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111114/1420855	45,769.00