

IN PATIENT SUMMARY BILL

UHID : MH24506

IP No : IP2024001008

Patient name : Mrs.ARUNTHATHI C

Age : 72 Y 0 M 10 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401030

Bill Date : 12/05/2024

DOA : 2/5/2024 10:47AM

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	₹ 25,200.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 10,126.00
8	NURSING CHARGE	₹ 4,800.00
9	OPERATION THEATRE CHARGES	₹ 16,600.00
10	OTHER ADDITION	₹ 2,936.00
11	PHARMACY CHARGE	₹ 148,852.00
12	PHYSIOTHERAPY	₹ 4,200.00
13	PROFESSIONAL TEAM FEES	₹ 57,750.00
14	RADIOLOGY	₹ 1,080.00

Gross Amount	₹ 281,944.00
Sanction Amount	₹ 184,570.00
Net Payable	₹ 281,944.00
Advance Amount	₹ 97,128.00
Received Amount	₹ 246.00

Received Amount in Words : Ninety-Seven Thousand Three Hundred Seventy-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	3,000.00
2	08/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	94,128.00
3	12/05/2024	MMH/MH/REDH2024100	CHEQUE	Collected Amount	246.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0087795	184,570.00