

IN PATIENT SUMMARY BILL

UHID : MH24805

IP No : IP2024001121

Patient name : Mr.JAGATHPATHI P

Age : 84 Y 5 M 10 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401149

Bill Date : 28/05/2024

DOA : 17/5/2024 7:57PM

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	₹ 37,275.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 18,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 67,681.00
8	NURSING CHARGE	₹ 7,600.00
9	OTHER ADDITION	₹ 15,130.00
10	PHARMACY CHARGE	₹ 53,909.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 23,100.00
13	RADIOLOGY	₹ 18,764.00
Gross Amount		₹ 255,584.00
Sanction Amount		₹ 228,384.00
Discount Amount		₹ 20,200.00
Net Payable		₹ 235,384.00
Advance Amount		₹ 7,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/05/2024	MMH/MH/RECH20240190	CARD	Advance Amount	7,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CRI/2025/121318/0242679	228,384.00