

IN PATIENT SUMMARY BILL

UHID : MH26424

IP No : IP2024001240

Patient name : Mrs.VIJAYALAKSHMI T S

Age : 73 Y 2 M 4 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202401251

Bill Date : 12/06/2024

DOA : 2/6/2024 8:12PM

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	₹ 19,800.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 200.00
7	GENERAL PROCEDURE	₹ 1,500.00
8	LABORATORY	₹ 1,758.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 13,470.00
11	OTHER ADDITION	₹ 606.00
12	PHARMACY CHARGE	₹ 114,064.00
13	PHYSIOTHERAPY	₹ 1,800.00
14	PROFESSIONAL TEAM FEES	₹ 24,000.00
15	RADIOLOGY	₹ 1,080.00
Gross Amount		₹ 188,328.00
Sanction Amount		₹ 120,000.00
Net Payable		₹ 188,328.00
Advance Amount		₹ 68,328.00
Received Amount		₹ 0.00

Received Amount in Words :

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402110	UPI	Advance Amount	68,328.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/110000/0311791	120,000.00