

IN PATIENT SUMMARY BILL

UHID	: MH36222	Bill No	: MMH/MH/IP202401002
IP No	: IP2024000967	Bill Date	: 09/05/2024
Patient name	: Mr.KESAVAN S M R	DOA	: 27/4/2024 1:58AM
Age	: 31 Y 1 M 20 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 8,400.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	LABORATORY	₹ 8,776.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 14,000.00
9	PHARMACY CHARGE	₹ 32,281.00
10	PROFESSIONAL TEAM FEES	₹ 33,400.00
11	RADIOLOGY	₹ 1,584.00
Gross Amount		₹ 103,891.00
Sanction Amount		₹ 86,042.00
Net Payable		₹ 103,891.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 12,151.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111128/0128052	86,042.00