

**IN PATIENT SUMMARY BILL**

UHID : MH45612  
IP No : IP2023002767  
Patient name : Mr.MUKILAN RAJA  
Age : 21 Y 10 M 22 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP00212  
Bill Date : 23/12/2023  
DOA : 20/12/2023 7:40AM  
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	₹ 12,375.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	EQUIPMENT	₹ 7,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 4,421.00
7	NURSING CHARGE	₹ 1,875.00
8	OPERATION THEATRE CHARGES	₹ 16,150.00
9	OTHER ADDITION	₹ 18,222.00
10	PHARMACY CHARGE	₹ 93,156.00
11	PHYSIOTHERAPY	₹ 1,800.00
12	PROFESSIONAL TEAM FEES	₹ 44,000.00
13	RADIOLOGY	₹ 480.00

**Gross Amount** ₹ **201,779.00**  
**Sanction Amount** ₹ **198,389.00**  
**Net Payable** ₹ **201,779.00**  
**Advance Amount** ₹ **10,000.00**  
**Received Amount** ₹ **330.00**  
**Refund Amount** ₹ **6,940.00**

**Received Amount in Words** : Ten Thousand Three Hundred Thirty Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00405	CASH	Advance Amount	10,000.00
2	23/12/2023	MMH/MH/REDH02221	CHEQUE	Collected Amount	330.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2021/121214/1326301	198,389.00