

IN PATIENT SUMMARY BILL

UHID : MH50296

IP No : IP2024002075

Patient name : Mrs.SELVI M

Age : 64 Y 7 M 16 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402110

Bill Date : 01/10/2024

DOA : 18/9/2024 3:00PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 27,950.00
3	BLOOD COMPONENTS	₹ 5,600.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
6	INJECTION CHARGES	₹ 680.00
7	LABORATORY	₹ 33,402.00
8	NURSING CHARGE	₹ 5,600.00
9	OPERATION THEATRE CHARGES	₹ 19,850.00
10	OTHER ADDITION	₹ 31,114.00
11	PHARMACY CHARGE	₹ 76,123.00
12	PHYSIOTHERAPY	₹ 3,000.00
13	PROCEDURE CHARGES	₹ 1,450.00
14	PROFESSIONAL TEAM FEES	₹ 56,100.00
15	RADIOLOGY	₹ 6,332.00
Gross Amount		₹ 276,301.00
Sanction Amount		₹ 231,561.00
Net Payable		₹ 276,301.00
Advance Amount		₹ 44,740.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Four Thousand Seven Hundred Forty Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/1/2024	MMH/MH/RECH202403852	UPI	Advance Amount	240.00
2	9/18/2024	MMH/MH/RECH202403638	CASH	Advance Amount	5,000.00
3	10/1/2024	MMH/MH/RECH202403851	CASH	Advance Amount	39,500.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2025/111118/0925594	231,561.00