

IN PATIENT SUMMARY BILL

UHID	: MH52098	Bill No	: MMH/MH/IP202402039
IP No	: IP2024002006	Bill Date	: 22/09/2024
Patient name	: Ms.MEENAKSHI S	DOA	: 10/9/2024 10:37AM
Age	: 76 Y 0 M 19 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,500.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 4,500.00
6	INTENSIVIST CHARGES	₹ 4,500.00
7	LABORATORY	₹ 60,764.00
8	NURSING CHARGE	₹ 5,400.00
9	OTHER ADDITION	₹ 12,652.00
10	PHARMACY CHARGE	₹ 17,201.00
11	PHYSIOTHERAPY	₹ 1,900.00
12	PROFESSIONAL TEAM FEES	₹ 20,350.00
13	RADIOLOGY	₹ 4,832.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 156,699.00
Sanction Amount		₹ 95,013.00
Net Payable		₹ 156,699.00
Advance Amount		₹ 61,686.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-One Thousand Six Hundred Eighty-Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MH/RECH202403504	UPI	Advance Amount	10,000.00
2	9/22/2024	MMH/MH/RECH202403705	UPI	Advance Amount	51,686.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111121/0875892	95,013.00