

IN PATIENT SUMMARY BILL

UHID : MH55347

IP No : IP2024000816

Patient name : Mrs.DAMINI.R

Age : 29 Y 3 M 15 D/Female

Consultant Name : Dr.M.VIGNESH

Bill No : MMH/MH/IP202400772

Bill Date : 10/04/2024

DOA : 7/4/2024 7:45AM

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	₹ 4,950.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 2,160.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 7,350.00
8	OTHER ADDITION	₹ 3,250.00
9	PHARMACY CHARGE	₹ 6,322.00
10	PROFESSIONAL TEAM FEES	₹ 40,000.00
11	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 68,632.00
Sanction Amount		₹ 65,125.00
Net Payable		₹ 68,632.00
Advance Amount		₹ 3,507.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Five Hundred Seven Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/MH/RECH20240130	CARD	Advance Amount	3,507.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	cig/2025/110000/0029660	65,125.00