

### IN PATIENT SUMMARY BILL

UHID : MHI202370813  
IP No : IPH2024000156  
Patient name : Ms.PRINITHA R  
Age : 13 Y 0 M 2 D/Female

Bill No : MMH/HM/IPH202400161  
Bill Date : 24/01/2024  
DOA : 21/1/2024 10:48AM  
DOD :  
Entity Type : Insurance  
Entity Name : STAR HEALTH AND ALLIED INSURANCE

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 17,400.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 3,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
6	EQUIPMENT	₹ 12,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 135,904.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 10,674.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 43,189.00
15	PROFESSIONAL TEAM FEES	₹ 50,000.00
16	RADIOLOGY	₹ 1,440.00
<b>Gross Amount</b>		₹ <b>284,557.00</b>
<b>Net Payable</b>		₹ <b>284,557.00</b>
<b>Advance Amount</b>		₹ <b>270,000.00</b>
<b>Received Amount</b>		₹ <b>14,557.00</b>

**Received Amount in Words** : Two Lakh Eighty-Four Thousand Five Hundred Fifty-Seven Only

PRAVEEN KUMAR  
**Authorised Signature**

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	20,000.00
2	22/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	200,000.00
3	22/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	50,000.00
4	24/01/2024	MMH/HM/RECB202401	CARD	Collected Amount	14,557.00