

IN PATIENT SUMMARY BILL

UHID : MHI202374436

IP No : IPH2024000313

Patient name : Mr.BENILTUS .L

Age : 68/Male

Bill No : MMH/HM/IPH202400364

Bill Date : 17/02/2024

DOA : 10/2/2024 12:42PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
5	EQUIPMENT	₹ 17,100.00
6	GENERAL PROCEDURE	₹ 15,749.00
7	LABORATORY	₹ 17,755.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 4,800.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 10,790.00
12	PROFESSIONAL TEAM FEES	₹ 57,000.00
13	RADIOLOGY	₹ 4,920.00
14	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 168,564.00
Sanction Amount		₹ 102,346.00
Net Payable		₹ 168,564.00
Advance Amount		₹ 66,218.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Six Thousand Two Hundred Eighteen Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	20,000.00
2	16/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	46,218.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/121411/1578600	102,346.00