

IN PATIENT SUMMARY BILL

UHID	: MHI202376435	Bill No	: MMH/MH/IP202402016
IP No	: IP2024001940	Bill Date	: 20/09/2024
Patient name	: Mrs.KALAIVALLI.S	DOA	: 31/8/2024 11:49AM
Age	: 65 Y 1 M 1 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.CM THIAGARAJAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 49,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 12,700.00
5	DIET CHARGES	₹ 1,450.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 40,000.00
7	EQUIPMENT	₹ 24,550.00
8	INJECTION CHARGES	₹ 1,140.00
9	LABORATORY	₹ 24,030.00
10	NURSING CHARGE	₹ 30,000.00
11	OPERATION THEATRE CHARGES	₹ 72,907.00
12	OTHER ADDITION	₹ 434,000.00
13	PHARMACY CHARGE	₹ 113,444.00
14	PROCEDURE CHARGES	₹ 9,500.00
15	PROFESSIONAL TEAM FEES	₹ 585,000.00
16	RADIOLOGY	₹ 7,400.00
Gross Amount		₹ 1,406,471.00
Sanction Amount		₹ 387,400.00
Net Payable		₹ 1,406,471.00
Received Amount		₹ 1,295,794.00
Refund Amount		₹ 276,723.00

Received Amount in Words : Twelve Lakh Ninety-Five Thousand Seven Hundred Ninety-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/1/2024	MMH/MH/REDH202421611	CHEQUE	Collected Amount	1,295,794.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111128/0831236	387,400.00