

IN PATIENT SUMMARY BILL

UHID	: MHI202379623	Bill No	: MMH/HM/IPH00588
IP No	: IPH202302531	Bill Date	: 26/12/2023
Patient name	: Mr.SIVASHANMUGAM C M	DOA	: 18/12/2023 1:32PM
Age	: 54/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED INSURANCE
Consultant Name	: Dr.ANBARASU MOHANRAJ		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 21,700.00
7	GENERAL PROCEDURE	₹ 2,000.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 20,879.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 36,500.00
14	PHARMACY CHARGE	₹ 72,523.00
15	PHYSIOTHERAPY	₹ 7,700.00
16	PROFESSIONAL TEAM FEES	₹ 70,000.00
17	RADIOLOGY	₹ 4,656.00
18	SURGICAL PACKAGE-HEART	₹ 85,422.00
19	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 385,730.00
Sanction Amount		₹ 340,711.00
Net Payable		₹ 385,730.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 29,981.00

Received Amount in Words : Seventy-Five Thousand Only

SANTHOSH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/HM/RECAP00569	CASH	Advance Amount	75,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111125/1242414	340,711.00