

IN PATIENT SUMMARY BILL

UHID	: MMH202370535	Bill No	: MMH/MH/IP00228
IP No	: IP2023002772	Bill Date	: 26/12/2023
Patient name	: Mr.KANNAN SHA SB	DOA	: 20/12/2023 2:04PM
Age	: 76 Y 2 M 16 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.SHIVA KUMAR D	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	INVESTIGATIONS	₹ 2,000.00
5	LABORATORY	₹ 25,317.00
6	NURSING CHARGE	₹ 2,250.00
7	OTHER ADDITION	₹ 5,260.00
8	PHARMACY CHARGE	₹ 7,020.00
9	PROFESSIONAL TEAM FEES	₹ 8,250.00
10	RADIOLOGY	₹ 3,480.00
Gross Amount		₹ 68,627.00
Sanction Amount		₹ 45,710.00
Net Payable		₹ 68,627.00
Advance Amount		₹ 68,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 45,083.00

Received Amount in Words : Sixty-Eight Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00415	CASH	Advance Amount	5,000.00
2	23/12/2023	MMH/MH/RECH00459	CASH	Advance Amount	50,000.00
3	23/12/2023	MMH/MH/RECH00460	UPI	Advance Amount	13,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1342223	45,710.00