

IN PATIENT SUMMARY BILL

UHID : MMH202370643

IP No : IP2024000126

Patient name : Mrs.JAYALAKSHMI R

Age : 80/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400158

Bill Date : 23/01/2024

DOA : 18/1/2024 1:48PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 3,114.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 3,339.00
8	PHARMACY CHARGE	₹ 2,824.00
9	PROFESSIONAL TEAM FEES	₹ 6,050.00
10	RADIOLOGY	₹ 2,400.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 29,177.00
Sanction Amount		₹ 18,225.00
Net Payable		₹ 29,177.00
Advance Amount		₹ 10,952.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Nine Hundred Fifty-Two Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/MH/RECH20240024	CARD	Advance Amount	3,000.00
2	20/01/2024	MMH/MH/RECH20240024	CARD	Advance Amount	7,952.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/700001/1466751	18,225.00