

IN PATIENT SUMMARY BILL

UHID : MMH202370868

IP No : IP2024002027

Patient name : Mrs.VASANTHA R

Age : 80 Y 3 M 16 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402064

Bill Date : 26/09/2024

DOA : 12/9/2024 7:25AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 65,500.00
3	DIET CHARGES	₹ 5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 60,150.00
6	INTENSIVIST CHARGES	₹ 24,000.00
7	LABORATORY	₹ 50,404.00
8	NURSING CHARGE	₹ 17,600.00
9	OTHER ADDITION	₹ 41,398.00
10	PHARMACY CHARGE	₹ 58,337.00
11	PHYSIOTHERAPY	₹ 9,800.00
12	PROCEDURE CHARGES	₹ 500.00
13	PROFESSIONAL TEAM FEES	₹ 25,300.00
14	RADIOLOGY	₹ 8,280.00
Gross Amount		₹ 368,119.00
Sanction Amount		₹ 222,297.00
Net Payable		₹ 368,119.00
Advance Amount		₹ 145,822.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Forty-Five Thousand Eight Hundred Twenty-Two Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/RECH202403537	CARD	Advance Amount	30,000.00
2	9/22/2024	MMH/MH/RECH202403701	CARD	Advance Amount	90,000.00
3	9/22/2024	MMH/MH/RECH202403702	CARD	Advance Amount	25,822.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111100/0896502	222,297.00