

IN PATIENT SUMMARY BILL

UHID	: MMH202370940	Bill No	: MMH/MH/IP202400454
IP No	: IP2024000428	Bill Date	: 29/02/2024
Patient name	: Mrs.VIJAYA	DOA	: 24/2/2024 7:34PM
Age	: 41 Y 5 M 28 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	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	₹ 2,250.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 5,890.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 8,000.00
8	OTHER ADDITION	₹ 2,904.00
9	PHARMACY CHARGE	₹ 12,546.00
10	PROFESSIONAL TEAM FEES	₹ 15,000.00
11	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 63,340.00
Sanction Amount		₹ 63,340.00
Net Payable		₹ 63,340.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111214/1642697	63,340.00