

IN PATIENT SUMMARY BILL

UHID : MHI202380763
IP No : IPH202302238
Patient name : Mr.KALYANASUNDARAM.K
Age : 69 Y 3 M 11 D/Male

Bill No : MMH/HM/IPH00605
Bill Date : 26/12/2023
DOA : 10/11/2023 12:08AM
DOD :
Entity Type : Insurance
Entity Name : STAR HEALTH AND
ALLIED INSURANCE CO
LTD

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 235,350.00
3	DIALYSIS / DIALYZER	₹ 5,000.00
4	DIALYSIS CHARGE	₹ 70,000.00
5	DIET CHARGES	₹ 47,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 55,500.00
7	EQUIPMENT	₹ 28,800.00
8	GENERAL PROCEDURE	₹ 500.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 34,160.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 44,500.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 95,752.00
15	PHYSIOTHERAPY	₹ 42,600.00
16	PROFESSIONAL TEAM FEES	₹ 159,478.00
17	RADIOLOGY	₹ 39,800.00

Gross Amount	₹ 867,990.00
Sanction Amount	₹ 852,230.00
Net Payable	₹ 867,990.00
Advance Amount	₹ 30,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 14,240.00

Received Amount in Words : Thirty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2023	MMH/HM/RECAP00245	CARD	Advance Amount	10,000.00
2	08/12/2023	MMH/HM/RECAP00495	CARD	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE CO LTD	CHE-1123-PA-0001374	852,230.00