

IN PATIENT SUMMARY BILL

UHID : MMH202371382 Bill No : MMH/MH/IP00086
 IP No : IP2023002582 Bill Date : 08/12/2023
 Patient name : Mrs.USHA T S DOA : 27/11/2023 12:21PM
 Age : 64 Y 7 M 22 D/Female DOD :
 Consultant Name : Dr.T.PALANIAPPAN Entity Type : Insurance
 Entity Name : STAR HEALTH AND
 TPA : STATE INSURANCE ALLIED
 INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 6,300.00
4	GENERAL PROCEDURE	₹ 3,600.00
5	LABORATORY	₹ 15,152.00
6	NURSING CHARGE	₹ 6,750.00
7	OPERATION THEATRE CHARGES	₹ 7,350.00
8	OTHER ADDITION	₹ 15,042.00
9	PHARMACY CHARGE	₹ 44,560.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 50,050.00
12	RADIOLOGY	₹ 2,550.00
		₹ 177,054.00
		₹ 148,772.00
		₹ 177,054.00
		₹ 28,282.00
		₹ 0.00

Received Amount in Words : Twenty-Eight Thousand Two Hundred
 Eighty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 12:35:58.413	MMH/MH/RECH00084	CARD	Advance Amount	5,000.00
2	2023-12-06 23:29:38.466	MMH/MH/RECH00214	CASH	Advance Amount	15,000.00
3	2023-12-06 23:30:22.643	MMH/MH/RECH00215	UPI	Advance Amount	8,282.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111117/1228480	148,772.00