

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	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND 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
Gross Amount		₹ 177,054.00
Sanction Amount		₹ 148,772.00
Net Payable		₹ 177,054.00
Advance Amount		₹ 28,282.00
Received Amount		₹ 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