

IN PATIENT SUMMARY BILL

UHID : MMH202371517
IP No : IP2023002617
Patient name : Mr.BHUVANESWARAN K S
Age : 66 Y 0 M 15 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP00137
Bill Date : 14/12/2023
DOA : 30/11/2023 12:19PM
DOD :
Entity Type : Insurance
Entity Name : STAR HEALTH AND
TPA : STAR HEALTH AND ALLIED
INSURANCE

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 29,850.00
4	BLOOD COMPONENTS	₹ 34,150.00
5	DIALYSIS / DIALYZER	₹ 25,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
7	EQUIPMENT	₹ 61,900.00
8	GENERAL PROCEDURE	₹ 10,450.00
9	INJECTION CHARGES	₹ 1,400.00
10	INTENSIVIST CHARGES	₹ 6,000.00
11	INVESTIGATIONS	₹ 250.00
12	LABORATORY	₹ 63,426.00
13	NURSING CHARGE	₹ 6,250.00
14	OPERATION THEATRE CHARGES	₹ 17,050.00
15	OTHER ADDITION	₹ 96,168.00
16	PHARMACY CHARGE	₹ 189,008.00
17	PROFESSIONAL TEAM FEES	₹ 68,200.00
18	RADIOLOGY	₹ 16,140.00

Gross Amount ₹ **637,592.00**
Sanction Amount ₹ **575,279.00**
Discount Amount ₹ **62,313.00**
Net Payable ₹ **575,279.00**
Received Amount ₹ **0.00**

Received Amount in Words : Zero Only

KARTHIK C
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	CIG/2021/111116/1206098	575,279.00