

IN PATIENT SUMMARY BILL

UHID	: MMH202371662	Bill No	: MMH/MH/IP00112
IP No	: IP2023002659	Bill Date	: 10/12/2023
Patient name	: Master.KOUSHIK T S	DOA	: 6/12/2023 2:39PM
Age	: 2 Y 8 M 16 D/Male	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	₹ 12,600.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 2,320.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
6	LABORATORY	₹ 8,384.00
7	NURSING CHARGE	₹ 2,250.00
8	OTHER ADDITION	₹ 3,250.00
9	PHARMACY CHARGE	₹ 4,792.00
10	PROFESSIONAL TEAM FEES	₹ 3,850.00
11	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 45,446.00
Sanction Amount		₹ 39,968.00
Net Payable		₹ 45,446.00
Advance Amount		₹ 5,478.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Four Hundred Seventy-Eight Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-06 14:51:49.456	MMH/MH/RECH00201	CARD	Advance Amount	5,000.00
2	2023-12-09 17:49:54.403	MMH/MH/RECH00250	UPI	Advance Amount	478.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR-2024-121514-1263254	39,968.00