

IN PATIENT SUMMARY BILL

UHID : MHP202300187

IP No : IPH202302448

Patient name : Mrs.JAYALAKSHMI

Age : 52 Y 7 M 11 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/HM/IPH00485

Bill Date : 11/12/2023

DOA : 7/12/2023 2:49PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 2,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	GENERAL PROCEDURE	₹ 500.00
6	IMPLANT	₹ 6,127.00
7	LABORATORY	₹ 13,672.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,200.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 10,317.00
12	PROFESSIONAL TEAM FEES	₹ 27,749.00
13	RADIOLOGY	₹ 34,000.00
14	TRANSPORT	₹ 3,500.00
Gross Amount		₹ 124,815.00
Sanction Amount		₹ 112,807.00
Net Payable		₹ 124,815.00
Advance Amount		₹ 12,008.00
Received Amount		₹ 0.00

Received Amount in Words : Twelve Thousand Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 14:57:49.423	MMH/HM/RECAP00482	CARD	Advance Amount	5,000.00
2	2023-12-11 13:07:13.356	MMH/HM/RECAP00520	CARD	Advance Amount	7,008.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111116/1277476	112,807.00