

IN PATIENT SUMMARY BILL

UHID	: MMH202371904	Bill No	: MMH/MH/IP00169
IP No	: IP2023002706	Bill Date	: 19/12/2023
Patient name	: Mrs.MALA S	DOA	: 12/12/2023 12:26PM
Age	: 65 Y 9 M 28 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.RENGAN R.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 1,350.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 14,823.00
8	NURSING CHARGE	₹ 2,250.00
9	OPERATION THEATRE CHARGES	₹ 2,500.00
10	OTHERS	₹ 7,575.00
11	PHARMACY CHARGE	₹ 11,280.00
12	PROFESSIONAL TEAM FEES	₹ 49,500.00
13	RADIOLOGY	₹ 3,300.00
Gross Amount		₹ 109,828.00
Sanction Amount		₹ 109,828.00
Net Payable		₹ 109,828.00
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	CIR/2024/111118/1291225	109,828.00