

IN PATIENT SUMMARY BILL

UHID : MMH202371963

IP No : IP2023002765

Patient name : Child.HASINI

Age : 11 Y 0 M 10 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00211

Bill Date : 23/12/2023

DOA : 19/12/2023 7:59PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND

TPA : ~~STAR HEALTH AND~~ ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 2,333.00
6	NURSING CHARGE	₹ 1,500.00
7	OPERATION THEATRE CHARGES	₹ 9,850.00
8	OTHER ADDITION	₹ 1,209.00
9	PHARMACY CHARGE	₹ 10,733.00
10	PROFESSIONAL TEAM FEES	₹ 13,500.00
Gross Amount		₹ 49,475.00
Sanction Amount		₹ 48,000.00
Net Payable		₹ 49,475.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,525.00

Received Amount in Words : Five Thousand Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/MH/RECH00403	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111100/1328348	48,000.00