

IN PATIENT SUMMARY BILL

UHID : MHI202381292

IP No : IPH202302572

Patient name : Mr.NATHAN V P

Age : 67 Y 11 M 24 D/Male

Bill No : MMH/HM/IPH00587

Bill Date : 26/12/2023

DOA : 21/12/2023 12:52PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 8,000.00
7	GENERAL PROCEDURE	₹ 7,600.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 6,455.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 17,259.00
14	PROFESSIONAL TEAM FEES	₹ 10,000.00
15	RADIOLOGY	₹ 800.00

Gross Amount	₹ 89,414.00
Sanction Amount	₹ 68,992.00
Net Payable	₹ 89,414.00
Advance Amount	₹ 50,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 29,578.00

Received Amount in Words : Fifty Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/12/2023	MMH/HM/RECAP00624	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111122/1334410	68,992.00