

IN PATIENT SUMMARY BILL

UHID : MHI202381292

IP No : IPH2024000002

Patient name : Mr.NATHAN V P

Age : 68 Y 0 M 6 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400045

Bill Date : 08/01/2024

DOA : 1/1/2024 1:06PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 6,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 17,000.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 24,345.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,400.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 33,500.00
14	PHARMACY CHARGE	₹ 80,066.00
15	PHYSIOTHERAPY	₹ 5,600.00
16	PROFESSIONAL FEES	₹ 65,000.00
17	PROFESSIONAL TEAM FEES	₹ 30,000.00
18	RADIOLOGY	₹ 3,792.00
19	SURGICAL PACKAGE-HEART	₹ 56,139.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 375,492.00
Sanction Amount		₹ 300,022.00
Net Payable		₹ 375,492.00
Advance Amount		₹ 75,470.00
Received Amount		₹ 0.00

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

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
2	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	25,470.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111122/1371976	300,022.00