

IN PATIENT SUMMARY BILL

UHID	: MMH202372242	Bill No	: MMH/MH/IP00227
IP No	: IP2023002777	Bill Date	: 26/12/2023
Patient name	: Mrs.LAKSHAM R	DOA	: 21/12/2023 8:41PM
Age	: 57 Y 11 M 26 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.ABINAYA SRINIVASAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 2,041.00
5	NURSING CHARGE	₹ 750.00
6	OPERATION THEATRE CHARGES	₹ 5,470.00
7	OTHER ADDITION	₹ 2,785.00
8	PHARMACY CHARGE	₹ 7,554.00
9	PROFESSIONAL TEAM FEES	₹ 25,000.00
Gross Amount		₹ 45,750.00
Sanction Amount		₹ 45,750.00
Net Payable		₹ 45,750.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,000.00

Received Amount in Words : Five Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/12/2023	MMH/MH/RECH00431	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2024/700002/1335606	45,750.00