

IN PATIENT SUMMARY BILL

UHID	: MMH202372416	Bill No	: MMH/MH/IP00250
IP No	: IP2023002796	Bill Date	: 29/12/2023
Patient name	: Mr.NARASIMMAN D	DOA	: 24/12/2023 4:26PM
Age	: 43 Y 7 M 16 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND
Consultant Name	: Dr.SHIVA KUMAR D	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIALYSIS / DIALYZER	₹ 4,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	GENERAL PROCEDURE	₹ 4,000.00
6	LABORATORY	₹ 8,053.00
7	NURSING CHARGE	₹ 2,250.00
8	OTHER ADDITION	₹ 3,801.00
9	PHARMACY CHARGE	₹ 10,923.00
10	PROFESSIONAL FEES	₹ 13,200.00
11	RADIOLOGY	₹ 630.00
Gross Amount		₹ 53,107.00
Sanction Amount		₹ 46,618.00
Net Payable		₹ 53,107.00
Advance Amount		₹ 20,923.00
Received Amount		₹ 0.00
Refund Amount		₹ 14,434.00

Received Amount in Words : Twenty Thousand Nine Hundred Twenty-Three Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/12/2023	MMH/MH/RECH00466	CASH	Advance Amount	10,000.00
2	29/12/2023	MMH/MH/RECH00537	CHEQUE	Advance Amount	10,923.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1358757	46,618.00