

IN PATIENT SUMMARY BILL

UHID : MMH202372416

IP No : IP2024000029

Patient name : Mr.NARASIMMAN D

Age : 43 Y 7 M 27 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP2024000057

Bill Date : 09/01/2024

DOA : 4/1/2024 4:33PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIALYSIS / DIALYZER	₹ 3,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	LABORATORY	₹ 1,891.00
6	NURSING CHARGE	₹ 750.00
7	OPERATION THEATRE CHARGES	₹ 5,352.00
8	PHARMACY CHARGE	₹ 8,277.00
9	PROFESSIONAL TEAM FEES	₹ 13,000.00
10	RADIOLOGY	₹ 480.00
Gross Amount		₹ 35,200.00
Sanction Amount		₹ 32,000.00
Net Payable		₹ 35,200.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 200.00

Received Amount in Words : Three Thousand Two Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MH/RECH2024000	CASH	Advance Amount	3,000.00
2	09/01/2024	MMH/MH/REDH2024006	UPI	Collected Amount	200.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1398705	32,000.00