

IN PATIENT SUMMARY BILL

UHID : MHI202481642

IP No : IPH2024000043

Patient name : Mr.RAMACHANDRAN R

Age : 64 Y 0 M 13 D/Male

Consultant Name : Dr.G. GNANA VELU

Bill No : MMH/HM/IPH202400059

Bill Date : 09/01/2024

DOA : 5/1/2024 9:49PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 17,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 43,612.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 6,500.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 51,742.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 15,456.00
11	MEDICAL RECORD CHARGE	₹ 400.00
12	NURSING CHARGE	₹ 4,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 25,398.00
15	PROFESSIONAL FEES	₹ 2,500.00
16	PROFESSIONAL TEAM FEES	₹ 80,000.00
17	RADIOLOGY	₹ 2,750.00
Gross Amount		₹ 260,858.00
Sanction Amount		₹ 57,680.00
Net Payable		₹ 260,858.00
Advance Amount		₹ 203,178.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Three Thousand One Hundred Seventy-Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
2	06/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	16,000.00
3	06/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	100,000.00
4	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	37,178.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/204/111116/140968	57,680.00