

IN PATIENT SUMMARY BILL

UHID : MMH202472817

IP No : IP2024000056

Patient name : Ms.NILA V

Age : 22 Y 7 M 17 D/Female

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

Bill No : MMH/MH/IP202400093

Bill Date : 12/01/2024

DOA : 7/1/2024 4:15PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	EQUIPMENT	₹ 300.00
6	GENERAL PROCEDURE	₹ 450.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 10,815.00
9	NURSING CHARGE	₹ 2,250.00
10	OPERATION THEATRE CHARGES	₹ 15,100.00
11	PHARMACY CHARGE	₹ 17,736.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROFESSIONAL TEAM FEES	₹ 13,799.00
14	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 78,000.00
Sanction Amount		₹ 68,000.00
Net Payable		₹ 78,000.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MH/RECH20240010	CARD	Advance Amount	5,000.00
2	10/01/2024	MMH/MH/RECH20240011	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2024/181114/1416449	68,000.00