

IN PATIENT SUMMARY BILL

UHID	: MHI202481688	Bill No	: MMH/HM/IPH202400192
IP No	: IPH2024000154	Bill Date	: 29/01/2024
Patient name	: Mrs.MENAKA K	DOA	: 21/1/2024 9:18AM
Age	: 68 Y 5 M 12 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED INSURANCE
Consultant Name	: Dr.ANBARASU MOHANRAJ		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 27,200.00
7	GENERAL PROCEDURE	₹ 2,899.00
8	IMPLANT	₹ 198,240.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	INVESTIGATIONS	₹ 1,750.00
11	LABORATORY	₹ 24,558.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 3,200.00
14	OP REGISTRATION	₹ 150.00
15	OPERATION THEATRE CHARGES	₹ 34,500.00
16	PHARMACY CHARGE	₹ 141,742.00
17	PHYSIOTHERAPY	₹ 8,400.00
18	PROFESSIONAL TEAM FEES	₹ 20,000.00
19	RADIOLOGY	₹ 3,516.00
20	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 520,927.00
Sanction Amount		₹ 150,000.00
Net Payable		₹ 520,927.00
Advance Amount		₹ 370,927.00
Received Amount		₹ 0.00

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

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/01/2024	MMH/HM/RECAP2024001	NEFT	Advance Amount	220,000.00
2	27/01/2024	MMH/HM/RECAP2024002	NEFT	Advance Amount	150,927.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111122/1462537	150,000.00