

IN PATIENT SUMMARY BILL

UHID	:	MMH202472876	Bill No	:	MMH/MH/IP202400096
IP No	:	IP2024000077	Bill Date	:	12/01/2024
Patient name	:	Mr.MUKHTAR KHAN	DOA	:	9/1/2024 11:43PM
Age	:	50 Y 3 M 17 D/Male	DOD	:	
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND
			TPA	:	ALLIED INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	EQUIPMENT	₹ 3,000.00
4	INTENSIVIST CHARGES	₹ 9,000.00
5	LABORATORY	₹ 60,836.00
6	NURSING CHARGE	₹ 6,000.00
7	OTHER ADDITION	₹ 7,165.00
8	PHARMACY CHARGE	₹ 17,228.00
9	PROFESSIONAL TEAM FEES	₹ 8,800.00
10	RADIOLOGY	₹ 8,580.00

Gross Amount	₹ 143,459.00
Sanction Amount	₹ 121,807.00
Net Payable	₹ 143,459.00
Advance Amount	₹ 21,650.00
Received Amount	₹ 8,754.00
Refund Amount	₹ 8,752.00

Received Amount in Words : Thirty Thousand Four Hundred Four Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/01/2024	MMH/MH/RECH2024001	UPI	Advance Amount	20,000.00
2	12/01/2024	MMH/MH/RECH2024001	CASH	Advance Amount	1,650.00
3	12/01/2024	MMH/MH/REDH2024009	CHEQUE	Collected Amount	8,754.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	HI-ZGI-002583784	121,807.00