

IN PATIENT SUMMARY BILL

UHID : MMH202472876

IP No : IP2024000077

Patient name : Mr.MUKHTAR KHAN

Age : 50 Y 3 M 17 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400096

Bill Date : 12/01/2024

DOA : 9/1/2024 11:43PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

TPA : STAR HEALTH AND ALLIED INSURANCE 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