

IN PATIENT SUMMARY BILL

UHID : MHI202481738

IP No : IPH2024000166

Patient name : Mr.HARIHARAN.K

Age : 60 Y 8 M 15 D/Male

Bill No : MMH/HM/IPH202400201

Bill Date : 30/01/2024

DOA : 23/1/2024 11:53AM

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	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 6,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 15,700.00
7	GENERAL PROCEDURE	₹ 1,500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 23,837.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 30,750.00
14	PHARMACY CHARGE	₹ 83,941.00
15	PHYSIOTHERAPY	₹ 7,000.00
16	PROFESSIONAL FEES	₹ 2,000.00
17	PROFESSIONAL TEAM FEES	₹ 130,000.00
18	RADIOLOGY	₹ 4,656.00
19	SURGICAL PACKAGE-HEART	₹ 22,299.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 382,133.00
Sanction Amount		₹ 333,497.00
Net Payable		₹ 382,133.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 51,364.00

Received Amount in Words : One Lakh Zero Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111121/1469485	333,497.00