

IN PATIENT SUMMARY BILL

UHID	: MMH202472935	Bill No	: MMH/MH/IP202401532
IP No	: IP2024001572	Bill Date	: 18/07/2024
Patient name	: Mrs.REKHA	DOA	: 12/7/2024 12:11PM
Age	: 47 Y 4 M 29 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.RENGAN.R.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 21,367.00
6	NURSING CHARGE	₹ 800.00
7	OTHER ADDITION	₹ 529.00
8	PHARMACY CHARGE	₹ 2,462.00
9	PHYSIOTHERAPY	₹ 700.00
10	PROFESSIONAL TEAM FEES	₹ 9,650.00
11	RADIOLOGY	₹ 16,064.00
Gross Amount		₹ 58,372.00
Sanction Amount		₹ 51,272.00
Net Payable		₹ 58,372.00
Advance Amount		₹ 7,100.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand One Hundred Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402615	CARD	Advance Amount	5,000.00
2	7/13/2024	MMH/MH/RECH202402640	CARD	Advance Amount	2,100.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111120/0525862	51,272.00