

IN PATIENT SUMMARY BILL

UHID : MHI202481881

IP No : IPH2024000226

Patient name : Mr.ABRAHAM D

Age : 48 Y 3 M 28 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400261

Bill Date : 05/02/2024

DOA : 31/1/2024 12:06PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 23,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 6,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 15,800.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 13,567.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,400.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 39,000.00
14	PHARMACY CHARGE	₹ 76,814.00
15	PHYSIOTHERAPY	₹ 7,000.00
16	PROFESSIONAL TEAM FEES	₹ 80,000.00
17	RADIOLOGY	₹ 4,308.00
18	SURGICAL PACKAGE-HEART	₹ 28,267.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 313,928.00
Sanction Amount		₹ 279,967.00
Net Payable		₹ 313,928.00
Advance Amount		₹ 33,961.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Three Thousand Nine Hundred Sixty-One Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	33,961.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1512987	279,967.00