

IN PATIENT SUMMARY BILL

UHID	: MHI202481890	Bill No	: MMH/HM/IPH202400165
IP No	: IPH2024000147	Bill Date	: 25/01/2024
Patient name	: Mrs.CHANDRAKUMARI K	DOA	: 20/1/2024 8:40AM
Age	: 66 Y 2 M 5 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED INSURANCE
Consultant Name	: Dr.K.JAISHANKAR		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,400.00
2	BED CHARGES	₹ 15,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 4,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 90,178.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 7,908.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,400.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 32,738.00
15	PROFESSIONAL TEAM FEES	₹ 95,000.00
16	RADIOLOGY	₹ 960.00
Gross Amount		₹ 275,284.00
Sanction Amount		₹ 115,360.00
Net Payable		₹ 275,284.00
Advance Amount		₹ 159,924.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty-Nine Thousand Nine Hundred Twenty-Four Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	5,000.00
2	21/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	100,000.00
3	24/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	54,924.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111217/1470886	115,360.00