

IN PATIENT SUMMARY BILL

UHID : MHI202482001

IP No : IPH2024000193

Patient name : Mr.RAJENDRAN.M.S

Age : 74 Y 2 M 8 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400219

Bill Date : 31/01/2024

DOA : 28/1/2024 11:49PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 3,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 500.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 18,505.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 4,102.00
12	PROFESSIONAL TEAM FEES	₹ 19,493.00
Gross Amount		₹ 67,600.00
Sanction Amount		₹ 33,301.00
Net Payable		₹ 67,600.00
Advance Amount		₹ 34,229.00
Received Amount		₹ 70.00

Received Amount in Words : Thirty-Four Thousand Two Hundred Ninety-Nine Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	20,000.00
2	31/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	14,229.00
3	31/01/2024	MMH/HM/RECBBD202402	CARD	Collected Amount	70.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111121/1511458	33,301.00