

IN PATIENT SUMMARY BILL

UHID : MHI202482001

IP No : IPH2024000316

Patient name : Mr.RAJENDRAN.M.S

Age : 74 Y 2 M 24 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400350

Bill Date : 16/02/2024

DOA : 11/2/2024 11:54AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 22,350.00
3	CARDIOLOGY PACKAGE-HEART	₹ 10,000.00
4	DIET CHARGES	₹ 5,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 4,200.00
7	GENERAL PROCEDURE	₹ 25,601.00
8	IMPLANT	₹ 887,522.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 8,374.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,400.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 43,897.00
15	PROFESSIONAL TEAM FEES	₹ 65,000.00
16	RADIOLOGY	₹ 2,160.00
Gross Amount		₹ 1,084,854.00
Sanction Amount		₹ 114,352.00
Net Payable		₹ 1,084,854.00
Advance Amount		₹ 970,502.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Lakh Seventy Thousand Five Hundred Two Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	300,000.00
2	13/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	300,000.00
3	15/02/2024	MMH/HM/RECAP2024003	NEFT	Advance Amount	370,502.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111121/1574272	114,352.00