

IN PATIENT SUMMARY BILL

UHID : MHI202482233

IP No : IPH2024000424

Patient name : Mrs.SASIKALA J

Age : 61 Y 7 M 13 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400431

Bill Date : 24/02/2024

DOA : 21/2/2024 7:41PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 17,400.00
3	CARDIOLOGY PACKAGE-HEART	₹ 34,552.00
4	DIET CHARGES	₹ 4,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 11,000.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 3,767.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 21,030.00
14	RADIOLOGY	₹ 960.00
Gross Amount		₹ 102,759.00
Sanction Amount		₹ 91,047.00
Net Payable		₹ 102,759.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 88,288.00

Received Amount in Words : One Lakh Zero Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/02/2024	MMH/HM/RECAP2024004	CASH	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/700001/1608166	91,047.00