

IN PATIENT SUMMARY BILL

UHID : MHI202482409

IP No : IPH2024000394

Patient name : Mr.GUNASEKARAN A

Age : 71 Y 1 M 30 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400452

Bill Date : 28/02/2024

DOA : 19/2/2024 12:05PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 17,000.00
7	GENERAL PROCEDURE	₹ 1,200.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 21,325.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 31,500.00
14	PHARMACY CHARGE	₹ 80,562.00
15	PHYSIOTHERAPY	₹ 6,300.00
16	PROFESSIONAL TEAM FEES	₹ 40,799.00
17	RADIOLOGY	₹ 4,968.00
18	SURGICAL PACKAGE-HEART	₹ 30,000.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 290,426.00
Sanction Amount		₹ 176,112.00
Net Payable		₹ 290,426.00
Advance Amount		₹ 114,314.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fourteen Thousand Three Hundred Fourteen Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/02/2024	MMH/HM/RECAP2024004	CASH	Advance Amount	100,000.00
2	25/02/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	314.00
3	25/02/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	14,000.00

S.No	Description	Amount
Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/11114/1608000	176,112.00