

IN PATIENT SUMMARY BILL

UHID : MMH202474033

IP No : IP2024000419

Patient name : Mrs.MALATHY S

Age : 44 Y 11 M 17 D/Female

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202400452

Bill Date : 29/02/2024

DOA : 23/2/2024 12:07PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	EQUIPMENT	₹ 1,800.00
5	LABORATORY	₹ 5,069.00
6	NURSING CHARGE	₹ 2,800.00
7	OTHER ADDITION	₹ 2,993.00
8	PHARMACY CHARGE	₹ 7,463.00
9	PROFESSIONAL TEAM FEES	₹ 8,800.00
10	PULMONOLOGIST	₹ 3,000.00
11	RADIOLOGY	₹ 3,700.00
12	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 55,300.00
Sanction Amount		₹ 48,672.00
Net Payable		₹ 55,300.00
Advance Amount		₹ 6,628.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Six Hundred Twenty-Eight Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/02/2024	MMH/MH/RECH2024006	UPI	Advance Amount	5,000.00
2	24/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	0.00
3	26/02/2024	MMH/MH/RECH2024007	CARD	Advance Amount	1,628.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111116/1641494	48,672.00