

IN PATIENT SUMMARY BILL

UHID : MMH202474331
IP No : IP2024000496
Patient name : Mr.MOHAMED YAGATHALI
Age : 47 Y 2 M 6 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400534
Bill Date : 09/03/2024
DOA : 4/3/2024 4:09PM
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	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 11,600.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 11,500.00
8	OTHER ADDITION	₹ 20,194.00
9	PHARMACY CHARGE	₹ 72,882.00
10	PROFESSIONAL TEAM FEES	₹ 31,900.00
Gross Amount		₹ 157,226.00
Sanction Amount		₹ 130,226.00
Net Payable		₹ 157,226.00
Advance Amount		₹ 27,000.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Seven Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	20,000.00
2	07/03/2024	MMH/MH/RECH2024008	UPI	Advance Amount	7,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111116/1698585	130,226.00