

IN PATIENT SUMMARY BILL

UHID : MHI202482817
IP No : IPH2024000857
Patient name : Mrs.SWEETLIN CHRYSOLYTE
Age : 49 Y 4 M 27 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400887
Bill Date : 16/04/2024
DOA : 9/4/2024 11:57AM
DOD :
Entity Type : Insurance
Entity Name : STAR HEALTH AND ALLIED
TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 21,300.00
7	GENERAL PROCEDURE	₹ 900.00
8	IMPLANT	₹ 86,730.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	IP REGISTRATION	₹ 150.00
11	LABORATORY	₹ 43,168.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 7,200.00
14	OPERATION THEATRE CHARGES	₹ 30,500.00
15	PHARMACY CHARGE	₹ 114,631.00
16	PHYSIOTHERAPY	₹ 10,500.00
17	PROFESSIONAL TEAM FEES	₹ 118,000.00
18	RADIOLOGY	₹ 5,792.00
19	SURGICAL PACKAGE-HEART	₹ 21,099.00

Gross Amount	₹ 514,620.00
Sanction Amount	₹ 469,523.00
Net Payable	₹ 514,620.00
Advance Amount	₹ 200,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 154,903.00

Received Amount in Words : Two Lakh Zero Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	200,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/121300/0032055	469,523.00