IN PATIENT SUMMARY BILL

UHID	:	MHI202482851	Bill No	:	MMH/HM/IPH202400635
IP No	:	IPH2024000583	Bill Date	:	19/03/2024
Patient name	:	Mrs.JAYALAKSHMI M	DOA	:	12/3/2024 9:57AM
Age	:	52 Y 0 M 9 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND ALLIED INSURANCE
Consultant Name	:	Dr.K.JAISHANKAR	TPA	:	STAR HEALTH AND ALLIED INSURANCE

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	21,250.00
3	CARDIOLOGY PACKAGE-HEART	₹	61,499.00
4	DIET CHARGES	₹	7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
6	EQUIPMENT	₹	20,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	33,655.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	19,653.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,000.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	39,905.00
15	PROFESSIONAL TEAM FEES	₹	47,000.00
16	RADIOLOGY	₹	800.00

Gross Amount	₹	**265,012.00**
Sanction Amount	₹	**220,520.00**
Net Payable	₹	**265,012.00**
Advance Amount	₹	**120,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**75,508.00**

Received Amount in Words : One Lakh Twenty Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/03/2024	MMH/HM/RECAP202400(	UPI	Advance Amount	15,000.00
2	12/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	5,000.00
3	15/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	75,000.00
4	15/03/2024	MMH/HM/RECAP202400(	UPI	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111123/1725584	220,520.00