

IN PATIENT SUMMARY BILL

UHID : MMH202474937

IP No : IP2024000670

Patient name : Mr.DILIP KUMAR K B

Age : 33 Y 1 M 3 D/Male

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202400668

Bill Date : 30/03/2024

DOA : 22/3/2024 8:00PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 173.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	RADIOLOGY	₹ 864.00
Gross Amount		₹ 12,137.00
Sanction Amount		₹ 7,137.00
Net Payable		₹ 12,137.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/03/2024	MMH/MH/RECH2024010	CASH	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111111/1783771	7,137.00