

IN PATIENT SUMMARY BILL

UHID	: MMH202475124	Bill No	: MMH/MH/IP202400945
IP No	: IP2024000981	Bill Date	: 02/05/2024
Patient name	: Mrs.FARITHA M	DOA	: 29/4/2024 12:47PM
Age	: 42 Y 5 M 20 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 11,889.00
7	NURSING CHARGE	₹ 1,600.00
8	OTHER ADDITION	₹ 7,824.00
9	PHARMACY CHARGE	₹ 5,920.00
10	PROFESSIONAL TEAM FEES	₹ 6,600.00
11	RADIOLOGY	₹ 2,480.00
Gross Amount		₹ 46,863.00
Sanction Amount		₹ 34,963.00
Net Payable		₹ 46,863.00
Advance Amount		₹ 11,900.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Nine Hundred Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/04/2024	MMH/MH/RECH20240151	CASH	Advance Amount	3,000.00
2	02/05/2024	MMH/MH/RECH20240161	UPI	Advance Amount	8,900.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0137400	34,963.00