

IN PATIENT SUMMARY BILL

UHID : MMH202475124
IP No : IP2024001013
Patient name : Mrs.FARITHA M
Age : 42 Y 5 M 26 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400996
Bill Date : 08/05/2024
DOA : 2/5/2024 3:00PM
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	DIET CHARGES	₹ 2,450.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 22,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 8,144.00
9	NURSING CHARGE	₹ 1,600.00
10	OPERATION THEATRE CHARGES	₹ 16,250.00
11	OTHER ADDITION	₹ 27,202.00
12	PHARMACY CHARGE	₹ 17,028.00
13	PROFESSIONAL TEAM FEES	₹ 37,400.00
14	RADIOLOGY	₹ 2,400.00

Gross Amount	₹ 143,024.00
Sanction Amount	₹ 114,024.00
Net Payable	₹ 143,024.00
Advance Amount	₹ 29,000.00
Received Amount	₹ 0.00

Received Amount in Words : Twenty-Nine Thousand Only

SATHISH KUMAR.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	29,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0167384	114,024.00