

IN PATIENT SUMMARY BILL

UHID : MMH202475286

IP No : IP2024002043

Patient name : Mrs.JEYANTHI. D

Age : 44 Y 6 M 0 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402074

Bill Date : 27/09/2024

DOA : 14/9/2024 11:36AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 54,825.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 4,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
6	EQUIPMENT	₹ 8,500.00
7	INJECTION CHARGES	₹ 400.00
8	INTENSIVIST CHARGES	₹ 15,000.00
9	LABORATORY	₹ 26,171.00
10	MISCELLANEOUS	₹ 282.00
11	NURSING CHARGE	₹ 13,600.00
12	OPERATION THEATRE CHARGES	₹ 7,350.00
13	OTHER ADDITION	₹ 91,280.00
14	PHARMACY CHARGE	₹ 111,314.00
15	PHYSIOTHERAPY	₹ 4,200.00
16	PROCEDURE CHARGES	₹ 450.00
17	PROFESSIONAL FEES	₹ 4,950.00
18	PROFESSIONAL TEAM FEES	₹ 86,800.00
19	RADIOLOGY	₹ 36,360.00
Gross Amount		₹ 470,707.00
Sanction Amount		₹ 393,995.00
Discount Amount		₹ 76,712.00
Net Payable		₹ 393,995.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111115/0906463	393,995.00