

IN PATIENT SUMMARY BILL

UHID : MMH202475345
IP No : IP2024000742
Patient name : Mr.SRINIVASAN G
Age : 50 Y 0 M 4 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202400709
Bill Date : 02/04/2024
DOA : 29/3/2024 6:48PM
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	₹ 11,000.00
3	DIET CHARGES	₹ 670.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 3,242.00
6	NURSING CHARGE	₹ 3,200.00
7	OPERATION THEATRE CHARGES	₹ 2,500.00
8	OTHER ADDITION	₹ 6,007.00
9	PHARMACY CHARGE	₹ 7,851.00
10	PROFESSIONAL TEAM FEES	₹ 14,300.00
11	RADIOLOGY	₹ 480.00

Gross Amount	₹ 52,600.00
Sanction Amount	₹ 48,112.00
Net Payable	₹ 52,600.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 512.00

Received Amount in Words : Five Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/03/2024	MMH/MH/RECH20240114	CASH	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111116/1814188	48,112.00