

IN PATIENT SUMMARY BILL

UHID : MHI202483422

IP No : IP2024001292

Patient name : Mr.KANAKASABAPATHY N

Age : 63 Y 0 M 12 D/Male

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401288

Bill Date : 18/06/2024

DOA : 8/6/2024 10:54AM

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	₹ 50,550.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 63,950.00
6	INTENSIVIST CHARGES	₹ 13,500.00
7	LABORATORY	₹ 62,469.50
8	NURSING CHARGE	₹ 12,200.00
9	OTHER ADDITION	₹ 14,156.00
10	PACKAGE	₹ 10,000.00
11	PHARMACY CHARGE	₹ 123,982.00
12	PHYSIOTHERAPY	₹ 2,100.00
13	PROFESSIONAL TEAM FEES	₹ 25,850.00
14	RADIOLOGY	₹ 29,384.00
Gross Amount		₹ 412,491.50
Sanction Amount		₹ 342,492.00
Net Payable		₹ 412,492.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/8/2024	MMH/MH/RECH202402123	UPI	Advance Amount	5,000.00
2	6/16/2024	MMH/MH/RECH202402199	UPI	Advance Amount	65,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0345813	342,492.00