

IN PATIENT SUMMARY BILL

UHID	: MMH202475813	Bill No	: MMH/MH/IP202400893
IP No	: IP2024000888	Bill Date	: 25/04/2024
Patient name	: Mr.MAGESH M	DOA	: 16/4/2024 7:35PM
Age	: 44 Y 10 M 27 D/Male	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	₹ 26,000.00
3	DIET CHARGES	₹ 1,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 8,600.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 58,827.00
8	NURSING CHARGE	₹ 7,200.00
9	OTHER ADDITION	₹ 17,633.00
10	PHARMACY CHARGE	₹ 39,549.00
11	PROFESSIONAL TEAM FEES	₹ 15,950.00
12	RADIOLOGY	₹ 31,780.00
Gross Amount		₹ 218,189.00
Sanction Amount		₹ 184,958.00
Net Payable		₹ 218,189.00
Advance Amount		₹ 33,231.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Three Thousand Two Hundred
Thirty-One Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/MH/RECH20240140	CASH	Advance Amount	10,000.00
2	22/04/2024	MMH/MH/RECH20240140	CARD	Advance Amount	23,231.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111129/0093167	184,958.00