

IN PATIENT SUMMARY BILL

UHID	: MMH202476045	Bill No	: MMH/MH/IP202400894
IP No	: IP2024000926	Bill Date	: 25/04/2024
Patient name	: Mrs.KALYANI V	DOA	: 22/4/2024 2:35PM
Age	: 69 Y 9 M 24 D/Female	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	₹ 5,500.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 2,700.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 5,438.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 8,250.00
10	OTHER ADDITION	₹ 15,426.00
11	PHARMACY CHARGE	₹ 120,925.00
12	PROFESSIONAL TEAM FEES	₹ 28,500.00
13	RADIOLOGY	₹ 3,140.00
Gross Amount		₹ 194,029.00
Sanction Amount		₹ 131,906.00
Discount Amount		₹ 27,123.00
Net Payable		₹ 166,906.00
Advance Amount		₹ 38,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,000.00

Received Amount in Words : Thirty-Eight Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	3,000.00
2	24/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	35,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0109060	131,906.00