

IN PATIENT SUMMARY BILL

UHID : MMH202476045

IP No : IP2024001087

Patient name : Mrs.KALYANI V

Age : 69 Y 10 M 21 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401092

Bill Date : 22/05/2024

DOA : 12/5/2024 7:00AM

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	₹ 29,925.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 60,600.00
6	GENERAL PROCEDURE	₹ 2,950.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 60,876.00
9	NURSING CHARGE	₹ 7,200.00
10	OTHER ADDITION	₹ 32,411.00
11	PHARMACY CHARGE	₹ 100,130.00
12	PHYSIOTHERAPY	₹ 2,100.00
13	PROFESSIONAL TEAM FEES	₹ 9,350.00
14	RADIOLOGY	₹ 22,700.00
15	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 340,717.00
Sanction Amount		₹ 148,886.00
Discount Amount		₹ 34,000.00
Net Payable		₹ 306,717.00
Advance Amount		₹ 1,000.00
Received Amount		₹ 0.00
Amount Payable		₹ 156,831.00

Received Amount in Words : One Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/05/2024	MMH/MH/RECH2024017	UPI	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0223192	148,886.00