

IN PATIENT SUMMARY BILL

UHID : MMH202476226
IP No : IP2024000961
Patient name : Mr.SARAVANAN J
Age : 24 Y 6 M 6 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400917
Bill Date : 28/04/2024
DOA : 26/4/2024 7:36PM
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	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 3,036.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 1,410.00
7	PHARMACY CHARGE	₹ 4,617.00
8	PROFESSIONAL TEAM FEES	₹ 2,200.00
9	RADIOLOGY	₹ 3,036.00

Gross Amount	₹ 18,949.00
Sanction Amount	₹ 16,503.00
Net Payable	₹ 18,949.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 2,554.00

Received Amount in Words : Five Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH2024015	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2025/111121/0128364	16,503.00