

IN PATIENT SUMMARY BILL

UHID : MMH202476380

IP No : IP2024001080

Patient name : Ms.IRINE SHINCE

Age : 7 Y 8 M 4 D/Female

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202401064

Bill Date : 16/05/2024

DOA : 10/5/2024 9:30PM

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	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,685.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 8,600.00
8	OTHER ADDITION	₹ 1,250.00
9	PHARMACY CHARGE	₹ 6,327.00
10	PROFESSIONAL TEAM FEES	₹ 15,000.00
Gross Amount		₹ 46,412.00
Sanction Amount		₹ 36,500.00
Net Payable		₹ 46,412.00
Advance Amount		₹ 9,912.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Nine Hundred Twelve Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	9,912.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2025/110000/0199804	36,500.00