

IN PATIENT SUMMARY BILL

UHID : MHP202400732

IP No : IP2024001081

Patient name : Mr.DHANAPAL K

Age : 53 Y 7 M 14 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401063

Bill Date : 16/05/2024

DOA : 11/5/2024 10:43AM

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	₹ 9,625.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 8,550.00
6	LABORATORY	₹ 18,483.00
7	NURSING CHARGE	₹ 2,800.00
8	OTHER ADDITION	₹ 10,810.00
9	PHARMACY CHARGE	₹ 6,327.00
10	PROFESSIONAL TEAM FEES	₹ 9,350.00
11	RADIOLOGY	₹ 7,080.00
Gross Amount		₹ 78,000.00
Sanction Amount		₹ 75,000.00
Net Payable		₹ 78,000.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111114/0207805	75,000.00