

IN PATIENT SUMMARY BILL

UHID : MMH202476441

IP No : IP2024001071

Patient name : Mrs.SURIYAKALA K

Age : 46 Y 8 M 9 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401019

Bill Date : 11/05/2024

DOA : 9/5/2024 10:15PM

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	₹ 8,225.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 600.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 905.00
8	PHARMACY CHARGE	₹ 9,025.00
9	PROFESSIONAL TEAM FEES	₹ 4,400.00
Gross Amount		₹ 27,105.00
Sanction Amount		₹ 24,259.00
Net Payable		₹ 27,105.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 154.00

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	09/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111125/0195029	24,259.00