

### IN PATIENT SUMMARY BILL

UHID : MMH202476637 Bill No : MMH/MH/IP202401026  
 IP No : IP2024001055 Bill Date : 12/05/2024  
 Patient name : Ms.AMRUTHA LAKSHMI KILLAMPALLI DOA : 8/5/2024 8:02PM  
 Age : 21 Y 10 M 8 D/Female DOD :  
 Consultant Name : Dr.VIJAY VARDHAN KILLAMPALLI Entity Type : Insurance  
 Entity Name : STAR HEALTH AND ALLIED  
 TPA : INSURANCE AND ALLIED  
 INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 600.00
5	NURSING CHARGE	₹ 1,600.00
6	OPERATION THEATRE CHARGES	₹ 13,350.00
7	OTHER ADDITION	₹ 6,463.00
8	PHARMACY CHARGE	₹ 12,366.00
9	PROFESSIONAL TEAM FEES	₹ 33,000.00
		<b>₹ 77,629.00</b>
		<b>₹ 77,629.00</b>
		<b>₹ 77,629.00</b>
		<b>₹ 0.00</b>

Received Amount in Words : Zero Only

KARTHIK C  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111124/0190105	77,629.00