

IN PATIENT SUMMARY BILL

UHID : MMH202476637

IP No : IP2024001055

Patient name : Ms.AMRUTHA LAKSHMI KILLAMPALLI

Age : 21 Y 10 M 8 D/Female

Consultant Name : Dr.VIJAY VARDHAN KILLAMPALLI

Bill No : MMH/MH/IP202401026

Bill Date : 12/05/2024

DOA : 8/5/2024 8:02PM

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	₹ 8,400.00
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
Gross Amount		₹ 77,629.00
Sanction Amount		₹ 77,629.00
Net Payable		₹ 77,629.00
Received Amount		₹ 0.00

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