

IN PATIENT SUMMARY BILL

UHID	:	MMH202476771	Bill No	:	MMH/MH/IP202401062
IP No	:	IP2024001073	Bill Date	:	16/05/2024
Patient name	:	Mr.KIREN M	DOA	:	10/5/2024 9:26AM
Age	:	18 Y 8 M 28 D/Male	DOD	:	
Consultant Name	:	Dr.ARUN KUMAR.I	Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND ALLIED
			TPA	:	INSURANCEETH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 5,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 6,624.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 20,050.00
10	OTHER ADDITION	₹ 875.00
11	PHARMACY CHARGE	₹ 20,091.00
12	PROFESSIONAL FEES	₹ 11,000.00
13	RADIOLOGY	₹ 480.00
		Gross Amount ₹ 76,670.00
		Sanction Amount ₹ 76,670.00
		Net Payable ₹ 76,670.00
		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/2025/121514/0196658	76,670.00