

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	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: STAR HEALTH 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