

IN PATIENT SUMMARY BILL

UHID	: MMH202477065	Bill No	: MMH/MH/IP202401106
IP No	: IP2024001122	Bill Date	: 23/05/2024
Patient name	: Mr.SOUNDRARAJAN M K	DOA	: 17/5/2024 8:25PM
Age	: 72 Y 0 M 19 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 150.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	LABORATORY	₹ 30,537.00
8	NURSING CHARGE	₹ 4,000.00
9	OTHER ADDITION	₹ 8,352.00
10	PHARMACY CHARGE	₹ 29,663.00
11	PHYSIOTHERAPY	₹ 1,800.00
12	PROFESSIONAL TEAM FEES	₹ 18,150.00
13	RADIOLOGY	₹ 13,140.00
Gross Amount		₹ 128,142.00
Sanction Amount		₹ 83,839.00
Net Payable		₹ 128,142.00
Advance Amount		₹ 44,303.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Four Thousand Three Hundred Three Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	10,000.00
2	23/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	34,303.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/023608	83,839.00