

IN PATIENT SUMMARY BILL

UHID	: MMH202477139	Bill No	: MMH/MH/IP202401104
IP No	: IP2024001144	Bill Date	: 23/05/2024
Patient name	: Mr.GANESH KUMAR	DOA	: 21/5/2024 8:01AM
Age	: 33 Y 0 M 1 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.RENGAN.R.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 1,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 158.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 9,850.00
9	OTHER ADDITION	₹ 1,199.00
10	PHARMACY CHARGE	₹ 14,891.00
11	PROFESSIONAL TEAM FEES	₹ 53,900.00
Gross Amount		₹ 85,998.00
Sanction Amount		₹ 78,429.00
Net Payable		₹ 85,998.00
Advance Amount		₹ 7,569.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Five Hundred Sixty-Nine Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	5,000.00
2	22/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	2,569.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111113/0244319	78,429.00