

IN PATIENT SUMMARY BILL

UHID : MMH202477215

IP No : IP2024001166

Patient name : Mr.CHANDRU.R

Age : 43 Y 3 M 11 D/Male

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202401156

Bill Date : 29/05/2024

DOA : 23/5/2024 10:00PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 158.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,350.00
7	OTHER ADDITION	₹ 6,499.00
8	PHARMACY CHARGE	₹ 7,731.00
9	PROFESSIONAL TEAM FEES	₹ 66,000.00
Gross Amount		₹ 90,388.00
Sanction Amount		₹ 82,569.00
Net Payable		₹ 90,388.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,181.00

Received Amount in Words : Ten Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111121/0260217	82,569.00