

IN PATIENT SUMMARY BILL

UHID : MMH202477285

IP No : IP2024001193

Patient name : Mr.PARTHIPAN P

Age : 42 Y 6 M 21 D/Male

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202401151

Bill Date : 29/05/2024

DOA : 27/5/2024 2:29PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 5,833.00
5	NURSING CHARGE	₹ 1,200.00
6	OPERATION THEATRE CHARGES	₹ 7,350.00
7	OTHER ADDITION	₹ 6,000.00
8	PHARMACY CHARGE	₹ 9,529.00
9	PROFESSIONAL TEAM FEES	₹ 33,000.00
Gross Amount		₹ 70,687.00
Sanction Amount		₹ 63,003.00
Net Payable		₹ 70,687.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 22,316.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/700002/0281465	63,003.00