

IN PATIENT SUMMARY BILL

UHID	: MMH202477724	Bill No	: MMH/MH/IP202401529
IP No	: IP2024001575	Bill Date	: 18/07/2024
Patient name	: Mr.AJITH MOHANDAS	DOA	: 12/7/2024 6:06PM
Age	: 40 Y 6 M 11 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	₹ 16,800.00
3	DIET CHARGES	₹ 2,650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 40,929.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 9,557.00
9	PHARMACY CHARGE	₹ 17,159.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 14,850.00
12	RADIOLOGY	₹ 11,480.00
Gross Amount		₹ 121,775.00
Sanction Amount		₹ 108,669.00
Net Payable		₹ 121,775.00
Advance Amount		₹ 13,106.00
Received Amount		₹ 0.00

Received Amount in Words : Thirteen Thousand One Hundred Six Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402624	CARD	Advance Amount	3,000.00
2	7/16/2024	MMH/MH/RECH202402681	UPI	Advance Amount	10,106.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/181117/0527860	108,669.00