

IN PATIENT SUMMARY BILL

| | | | |
|-----------------|----------------------|-------------|------------------------------------|
| UHID | : MMH202478142 | Bill No | : MMH/MH/IP202401348 |
| IP No | : IP2024001341 | Bill Date | : 25/06/2024 |
| Patient name | : Mr.RAMAIAH K S | DOA | : 16/6/2024 8:49AM |
| Age | : 72 Y 3 M 24 D/Male | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : STAR HEALTH AND ALLIED |
| Consultant Name | : Dr.SHIVA KUMAR D | TPA | : STAR HEALTH AND ALLIED INSURANCE |

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 7,425.00 |
| 3 | DIET CHARGES | ₹ 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00 |
| 5 | EQUIPMENT | ₹ 1,500.00 |
| 6 | GENERAL PROCEDURE | ₹ 500.00 |
| 7 | INJECTION CHARGES | ₹ 200.00 |
| 8 | LABORATORY | ₹ 7,129.00 |
| 9 | NURSING CHARGE | ₹ 1,200.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 11,000.00 |
| 11 | OTHER ADDITION | ₹ 9,049.00 |
| 12 | PHARMACY CHARGE | ₹ 12,662.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 28,600.00 |
| 14 | RADIOLOGY | ₹ 1,200.00 |
| Gross Amount | | ₹ 82,940.00 |
| Sanction Amount | | ₹ 70,092.00 |
| Net Payable | | ₹ 82,940.00 |
| Advance Amount | | ₹ 12,848.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Twelve Thousand Eight Hundred Forty-Eight Only

SRINIVASAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 6/16/2024 | MMH/MH/RECH202402198 | CARD | Advance Amount | 5,000.00 |
| 2 | 6/17/2024 | MMH/MH/RECH202402224 | CARD | Advance Amount | 7,848.00 |

| Medical Claim | Claim No | Sanction Amount |
|----------------------------------|-------------------------|-----------------|
| STAR HEALTH AND ALLIED INSURANCE | CIR/2025/111100/0376856 | 70,092.00 |