

IN PATIENT SUMMARY BILL

UHID	: MH32472	Bill No	: MMH/MH/IP202401351
IP No	: IP2024001342	Bill Date	: 25/06/2024
Patient name	: Mrs.UMAYAL PARVATHI	DOA	: 16/6/2024 1:06PM
Age	: 68 Y 0 M 10 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.VIJAYAN.J	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	BLOOD COMPONENTS	₹ 2,100.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 800.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 18,282.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 10,050.00
11	OTHER ADDITION	₹ 1,711.00
12	PHARMACY CHARGE	₹ 28,119.00
13	PROFESSIONAL TEAM FEES	₹ 59,950.00
14	RADIOLOGY	₹ 10,328.00
Gross Amount		₹ 157,390.00
Sanction Amount		₹ 100,685.00
Net Payable		₹ 157,390.00
Advance Amount		₹ 56,705.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty-Six Thousand Seven Hundred Five Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/16/2024	MMH/MH/RECH202402200	CARD	Advance Amount	5,000.00
2	6/20/2024	MMH/MH/RECH202402281	CARD	Advance Amount	51,705.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/612008/0385078	100,685.00