

IN PATIENT SUMMARY BILL

UHID	: MMH202478375	Bill No	: MMH/MH/IP202401360
IP No	: IP2024001389	Bill Date	: 25/06/2024
Patient name	: Mr.KALAIMANI.S	DOA	: 20/6/2024 6:18PM
Age	: 69 Y 0 M 10 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.BASU MANI	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 13,586.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 3,500.00
9	OTHER ADDITION	₹ 4,749.00
10	PHARMACY CHARGE	₹ 4,675.00
11	PROFESSIONAL TEAM FEES	₹ 14,300.00
12	PULMONOLOGIST	₹ 3,000.00
13	RADIOLOGY	₹ 3,480.00
Gross Amount		₹ 57,440.00
Sanction Amount		₹ 43,647.00
Net Payable		₹ 57,440.00
Advance Amount		₹ 3,820.00
Received Amount		₹ 9,973.00

Received Amount in Words : Thirteen Thousand Seven Hundred Ninety-Three Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/20/2024	MMH/MH/RECH202402283	CARD	Advance Amount	3,000.00
2	6/22/2024	MMH/MH/RECH202402320	CARD	Advance Amount	820.00
3	6/25/2024	MMH/MH/REDH202413629	CARD	Collected Amount	9,973.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111114/0407729	43,647.00