

IN PATIENT SUMMARY BILL

UHID	: MMH202478389	Bill No	: MMH/MH/IP202401349
IP No	: IP2024001391	Bill Date	: 25/06/2024
Patient name	: Mr.KESAVAN K G	DOA	: 21/6/2024 11:06AM
Age	: 20 Y 10 M 19 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.SHANMUGASUNDARAM.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,675.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 17,050.00
9	OTHER ADDITION	₹ 2,176.00
10	PHARMACY CHARGE	₹ 11,251.00
11	PROFESSIONAL TEAM FEES	₹ 74,800.00
Gross Amount		₹ 114,000.00
Sanction Amount		₹ 103,024.00
Net Payable		₹ 114,000.00
Advance Amount		₹ 11,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 24.00

Received Amount in Words : Eleven Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/22/2024	MMH/MH/RECH202402319	CARD	Advance Amount	11,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/131500/0401523	103,024.00