

IN PATIENT SUMMARY BILL

UHID : MMH202478489

IP No : IP2024001419

Patient name : Mr.VENKATESULU S

Age : 50 Y 0 M 21 D/Male

Consultant Name : Dr.GAWTHAM .D

Bill No : MMH/MH/IP202401379

Bill Date : 27/06/2024

DOA : 24/6/2024 5:32PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 2,160.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 2,701.00
8	PHARMACY CHARGE	₹ 8,289.00
9	PROFESSIONAL TEAM FEES	₹ 41,000.00
Gross Amount		₹ 67,000.00
Sanction Amount		₹ 67,000.00
Net Payable		₹ 67,000.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/131500/0428163	67,000.00