

IN PATIENT SUMMARY BILL

UHID : MMH202478603

IP No : IP2024001438

Patient name : Mr.PAVALAVANNAN

Age : 54 Y 0 M 11 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401459

Bill Date : 08/07/2024

DOA : 27/6/2024 12:51PM

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	₹ 11,000.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 2,800.00
6	LABORATORY	₹ 27,806.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 4,529.00
9	PHARMACY CHARGE	₹ 6,287.00
10	PROFESSIONAL TEAM FEES	₹ 8,800.00
11	RADIOLOGY	₹ 23,600.00
Gross Amount		₹ 94,372.00
Sanction Amount		₹ 64,057.00
Net Payable		₹ 94,372.00
Advance Amount		₹ 30,315.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Three Hundred Fifteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MH/RECH202402380	UPI	Advance Amount	3,000.00
2	7/1/2024	MMH/MH/RECH202402450	CARD	Advance Amount	12,315.00
3	7/1/2024	MMH/MH/RECH202402451	CASH	Advance Amount	15,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/70001/0445194	64,057.00