

IN PATIENT SUMMARY BILL

UHID	: MMH202478608	Bill No	: MMH/MH/IP202401433
IP No	: IP2024001456	Bill Date	: 03/07/2024
Patient name	: Mr.MADHAVA PRASATH J	DOA	: 29/6/2024 9:48AM
Age	: 20 Y 0 M 6 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	EQUIPMENT	₹ 5,000.00
5	GENERAL PROCEDURE	₹ 900.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 173.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 22,700.00
10	OTHER ADDITION	₹ 1,760.00
11	PHARMACY CHARGE	₹ 74,823.00
12	PHYSIOTHERAPY	₹ 1,200.00
13	PROFESSIONAL TEAM FEES	₹ 99,000.00
14	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 221,681.00
Sanction Amount		₹ 197,467.00
Net Payable		₹ 221,681.00
Advance Amount		₹ 24,214.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Four Thousand Two Hundred Fourteen Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402410	CASH	Advance Amount	3,000.00
2	7/1/2024	MMH/MH/RECH202402453	UPI	Advance Amount	21,214.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111117/0447832	197,467.00