

IN PATIENT SUMMARY BILL

UHID	: MMH202478662	Bill No	: MMH/MH/IP202401523
IP No	: IP2024001531	Bill Date	: 17/07/2024
Patient name	: Mr.MANOHARAN K	DOA	: 9/7/2024 11:52AM
Age	: 71 Y 7 M 10 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	₹ 32,175.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	GENERAL PROCEDURE	₹ 1,900.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 6,513.00
8	NURSING CHARGE	₹ 5,200.00
9	OPERATION THEATRE CHARGES	₹ 29,300.00
10	OTHER ADDITION	₹ 2,875.00
11	PHARMACY CHARGE	₹ 248,831.00
12	PHYSIOTHERAPY	₹ 7,200.00
13	PROFESSIONAL TEAM FEES	₹ 115,000.00
14	RADIOLOGY	₹ 1,728.00
Gross Amount		₹ 460,047.00
Sanction Amount		₹ 100,000.00
Net Payable		₹ 460,047.00
Advance Amount		₹ 360,047.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Sixty Thousand Forty-Seven Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402557	CARD	Advance Amount	3,000.00
2	7/15/2024	MMH/MH/RECH202402670	CARD	Advance Amount	357,047.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG/2025/110000/0469722	100,000.00