

IN PATIENT SUMMARY BILL

UHID : MMH202478801

IP No : IP2024002105

Patient name : Ms.JESSICA FATHIMA

Age : 20 Y 8 M 1 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202402056

Bill Date : 25/09/2024

DOA : 20/9/2024 11:35PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,188.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 7,850.00
8	OTHER ADDITION	₹ 12,094.00
9	PHARMACY CHARGE	₹ 8,956.00
10	PROCEDURE CHARGES	₹ 1,000.00
11	PROFESSIONAL TEAM FEES	₹ 46,000.00
Gross Amount		₹ 90,538.00
Sanction Amount		₹ 85,538.00
Net Payable		₹ 90,538.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/RECH202403681	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0941803	85,538.00