

IN PATIENT SUMMARY BILL

UHID	: MMH202478909	Bill No	: MMH/MH/IP202401551
IP No	: IP2024001523	Bill Date	: 09/07/2024
Patient name	: Mr.SUNDARRAJAN	DOA	: 8/7/2024 8:35AM
Age	: 34 Y 9 M 2 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.RENGAN.R.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DIET CHARGES	₹ 1,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 3,500.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 16,700.00
9	OTHER ADDITION	₹ 1,253.00
10	PHARMACY CHARGE	₹ 62,119.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 74,500.00
13	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 171,220.00
Sanction Amount		₹ 123,220.00
Net Payable		₹ 171,220.00
Advance Amount		₹ 38,000.00
Received Amount		₹ 10,000.00

Received Amount in Words : Forty-Eight Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MH/RECH202402565	CARD	Advance Amount	38,000.00
2	7/8/2024	MMH/MH/REDH202415777	UPI	Collected Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111111/0497527	123,220.00