

IN PATIENT SUMMARY BILL

UHID	: MMH202478941	Bill No	: MMH/MH/IP202401500
IP No	: IP2024001509	Bill Date	: 14/07/2024
Patient name	: Ms.MALLAVARAM SHIRLEY SHARON	DOA	: 6/7/2024 12:20AM
Age	: 23 Y 4 M 0 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 39,900.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 34,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 12,000.00
9	LABORATORY	₹ 75,703.00
10	NURSING CHARGE	₹ 9,600.00
11	OPERATION THEATRE CHARGES	₹ 4,950.00
12	OTHER ADDITION	₹ 27,715.00
13	PHARMACY CHARGE	₹ 66,874.00
14	PROFESSIONAL TEAM FEES	₹ 25,300.00
15	RADIOLOGY	₹ 7,328.00
Gross Amount		₹ 312,920.00
Sanction Amount		₹ 231,683.00
Net Payable		₹ 312,920.00
Advance Amount		₹ 81,237.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-One Thousand Two Hundred Thirty-Seven Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MH/RECH202402524	UPI	Advance Amount	30,000.00
2	7/12/2024	MMH/MH/RECH202402608	CASH	Advance Amount	51,237.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/131125/0490221	231,683.00