

IN PATIENT SUMMARY BILL

UHID	: MMH202479119	Bill No	: MMH/MH/IP202401548
IP No	: IP2024001521	Bill Date	: 19/07/2024
Patient name	: Mr.PRITISH SOUNDARAJAN	DOA	: 7/7/2024 5:57PM
Age	: 40 Y 1 M 2 D/Male	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	₹ 2,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 2,401.00
7	NURSING CHARGE	₹ 1,600.00
8	OTHER ADDITION	₹ 3,026.00
9	PHARMACY CHARGE	₹ 2,440.00
10	PROFESSIONAL TEAM FEES	₹ 8,800.00
11	RADIOLOGY	₹ 13,160.00
Gross Amount		₹ 37,177.00
Sanction Amount		₹ 34,483.00
Net Payable		₹ 37,177.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 2,440.00
Refund Amount		₹ 4,746.00

Received Amount in Words : Seven Thousand Four Hundred Forty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/7/2024	MMH/MH/RECH202402702	CARD	Advance Amount	5,000.00
2	7/19/2024	MMH/MH/REDH202415766	CHEQUE	Collected Amount	2,440.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/161130/0499295	34,483.00