

IN PATIENT SUMMARY BILL

UHID	: MMH202478991	Bill No	: MMH/MH/IP202401474
IP No	: IP2024001517	Bill Date	: 12/07/2024
Patient name	: Mr.SRIKANTH S	DOA	: 7/7/2024 6:30AM
Age	: 37 Y 10 M 19 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	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,980.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 10,850.00
8	OTHER ADDITION	₹ 2,681.00
9	PHARMACY CHARGE	₹ 6,851.00
10	PROFESSIONAL TEAM FEES	₹ 55,000.00
Gross Amount		₹ 84,362.00
Sanction Amount		₹ 80,319.00
Net Payable		₹ 84,362.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 320.00
Refund Amount		₹ 1,277.00

Received Amount in Words : Five Thousand Three Hundred Twenty Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MH/RECH202402594	UPI	Advance Amount	5,000.00
2	7/12/2024	MMH/MH/REDH202415110	CHEQUE	Collected Amount	320.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0491827	80,319.00