

IN PATIENT SUMMARY BILL

UHID : MMH202479377

IP No : IP2024001600

Patient name : Mr.RAVINDRA SUBRAMANIAN S R

Age : 82 Y 6 M 23 D/Male

Consultant Name : Dr.BALAJI.V

Bill No : MMH/MH/IP202401587

Bill Date : 24/07/2024

DOA : 16/7/2024 8:21PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 14,961.00
6	NURSING CHARGE	₹ 2,400.00
7	OTHER ADDITION	₹ 149.00
8	PHARMACY CHARGE	₹ 2,773.00
9	RADIOLOGY	₹ 3,600.00
Gross Amount		₹ 42,833.00
Sanction Amount		₹ 16,422.00
Net Payable		₹ 42,833.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 16,411.00

Received Amount in Words : Twenty-Six Thousand Four Hundred Eleven Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/16/2024	MMH/MH/RECH202402688	UPI	Advance Amount	10,000.00
2	7/24/2024	MMH/MH/REDH202416175	UPI	Collected Amount	16,411.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111121/0556011	16,422.00