

IN PATIENT SUMMARY BILL

UHID	: MMH202479515	Bill No	: MMH/MH/IP202401593
IP No	: IP2024001622	Bill Date	: 25/07/2024
Patient name	: Mrs.SANGEETHA.G	DOA	: 18/7/2024 11:05PM
Age	: 43 Y 10 M 3 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.BASHEER AHMED	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 11,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 450.00
6	LABORATORY	₹ 2,595.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 15,550.00
9	OTHER ADDITION	₹ 15,650.00
10	PHARMACY CHARGE	₹ 68,478.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 102,000.00
13	RADIOLOGY	₹ 990.00
Gross Amount		₹ 224,963.00
Sanction Amount		₹ 192,980.00
Net Payable		₹ 224,963.00
Advance Amount		₹ 31,983.00
Received Amount		₹ 2,044.00
Refund Amount		₹ 2,044.00

Received Amount in Words : Thirty-Four Thousand Twenty-Seven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402730	CARD	Advance Amount	5,000.00
2	7/23/2024	MMH/MH/RECH202402794	CARD	Advance Amount	26,983.00
3	7/25/2024	MMH/MH/REDH202416224	CHEQUE	Collected Amount	2,044.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111113/0562813	192,980.00