

IN PATIENT SUMMARY BILL

UHID : MMH202479953

IP No : IP2024001701

Patient name : Mr.ANBU

Age : 48 Y 2 M 28 D/Male

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202401641

Bill Date : 30/07/2024

DOA : 29/7/2024 9:25PM

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	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 5,148.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 148.00
7	PHARMACY CHARGE	₹ 2,753.00
8	PROFESSIONAL FEES	₹ 5,500.00
Gross Amount		₹ 18,199.00
Sanction Amount		₹ 15,817.00
Net Payable		₹ 18,199.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 618.00

Received Amount in Words : Three Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/29/2024	MMH/MH/RECH202402891	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111124/0621320	15,817.00