

IN PATIENT SUMMARY BILL

UHID	: MMH202479969	Bill No	: MMH/MH/IP202401711
IP No	: IP2024001730	Bill Date	: 09/08/2024
Patient name	: Mrs.JUDY STEPHEN	DOA	: 1/8/2024 8:17PM
Age	: 58 Y 8 M 18 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	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	GENERAL PROCEDURE	₹ 500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 15,050.00
9	PHARMACY CHARGE	₹ 43,622.00
10	PROFESSIONAL TEAM FEES	₹ 26,547.00
11	RADIOLOGY	₹ 864.00
Gross Amount		₹ 98,106.00
Sanction Amount		₹ 95,106.00
Net Payable		₹ 98,106.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MH/RECH202402964	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111100/0639358	95,106.00