

IN PATIENT SUMMARY BILL

UHID : MMH202480012

IP No : IP2024001720

Patient name : Mr.VISWALINGAM N

Age : 76 Y 0 M 12 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401730

Bill Date : 12/08/2024

DOA : 31/7/2024 2:41PM

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	₹ 23,100.00
3	DIET CHARGES	₹ 2,650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 17,000.00
6	GENERAL PROCEEDURE	₹ 950.00
7	HIGH DEPENDENCY UNIT / POW	₹ 6,000.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 17,388.00
10	NURSING CHARGE	₹ 4,400.00
11	OPERATION THEATRE CHARGES	₹ 18,000.00
12	OTHER ADDITION	₹ 35,133.00
13	PHARMACY CHARGE	₹ 101,217.00
14	PHYSIOTHERAPY	₹ 3,600.00
15	PROFESSIONAL TEAM FEES	₹ 64,900.00
16	RADIOLOGY	₹ 5,780.00
Gross Amount		₹ 304,793.00
Sanction Amount		₹ 131,340.00
Discount Amount		₹ 38,453.00
Net Payable		₹ 266,340.00
Advance Amount		₹ 135,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Five Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/RECH202403051	CASH	Advance Amount	135,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111121/0652428	131,340.00