

IN PATIENT SUMMARY BILL

UHID	: MMH202480486	Bill No	: MMH/MH/IP202401791
IP No	: IP2024001798	Bill Date	: 21/08/2024
Patient name	: Mrs.USHNA BEGUM	DOA	: 12/8/2024 1:25PM
Age	: 56 Y 0 M 9 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 44,700.00
3	DIET CHARGES	₹ 4,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 28,000.00
6	GENERAL PROCEEDURE	₹ 12,000.00
7	INJECTION CHARGES	₹ 940.00
8	INTENSIVIST CHARGES	₹ 12,000.00
9	LABORATORY	₹ 57,394.00
10	NURSING CHARGE	₹ 10,800.00
11	OTHER ADDITION	₹ 47,461.00
12	PHARMACY CHARGE	₹ 51,432.00
13	PHYSIOTHERAPY	₹ 7,200.00
14	PROFESSIONAL TEAM FEES	₹ 33,000.00
15	RADIOLOGY	₹ 20,000.00
Gross Amount		₹ 332,402.00
Sanction Amount		₹ 290,507.00
Net Payable		₹ 332,402.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 23,335.00
Refund Amount		₹ 1,440.00

Received Amount in Words : Forty-Three Thousand Three Hundred Thirty-Five Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/12/2024	MMH/MH/RECH202403100	UPI	Advance Amount	20,000.00
2	8/21/2024	MMH/MH/REDH202418236	CHEQUE	Collected Amount	23,335.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111116/0706745	290,507.00