

IN PATIENT SUMMARY BILL

UHID : MMH202480700

IP No : IP2024001862

Patient name : Mr.SWAMINATHAN V S

Age : 84 Y 7 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402009

Bill Date : 20/09/2024

DOA : 20/8/2024 12:14PM

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	₹ 95,750.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 15,000.00
5	EQUIPMENT	₹ 25,500.00
6	INTENSIVIST CHARGES	₹ 10,500.00
7	LABORATORY	₹ 84,831.00
8	NURSING CHARGE	₹ 23,000.00
9	OTHER ADDITION	₹ 13,863.00
10	PHARMACY CHARGE	₹ 77,657.00
11	PHYSIOTHERAPY	₹ 14,100.00
12	PROCEDURE CHARGES	₹ 1,500.00
13	PROFESSIONAL TEAM FEES	₹ 82,250.00
14	RADIOLOGY	₹ 41,720.00
Gross Amount		₹ 487,021.00
Sanction Amount		₹ 291,467.00
Net Payable		₹ 487,021.00
Advance Amount		₹ 195,554.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ninety-Five Thousand Five Hundred Fifty-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/20/2024	MMH/MH/RECH202403209	CARD	Advance Amount	10,000.00
2	9/12/2024	MMH/MH/RECH202403545	CARD	Advance Amount	50,000.00
3	9/12/2024	MMH/MH/RECH202403546	CARD	Advance Amount	115,554.00
4	9/12/2024	MMH/MH/RECH202403544	CASH	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111121/0747998	291,467.00