

IN PATIENT SUMMARY BILL

UHID : MMH202480700

IP No : IP2024002139

Patient name : Mr.SWAMINATHAN V S

Age : 84 Y 7 M 27 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402205

Bill Date : 14/10/2024

DOA : 24/9/2024 10:19PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 78,600.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 21,500.00
6	INTENSIVIST CHARGES	₹ 18,000.00
7	LABORATORY	₹ 70,265.00
8	NURSING CHARGE	₹ 18,400.00
9	OTHER ADDITION	₹ 52,545.00
10	PHARMACY CHARGE	₹ 148,858.00
11	PHYSIOTHERAPY	₹ 11,000.00
12	PROCEDURE CHARGES	₹ 3,000.00
13	PROFESSIONAL TEAM FEES	₹ 34,500.00
14	RADIOLOGY	₹ 14,480.00
15	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 479,498.00
Sanction Amount		₹ 269,498.00
Net Payable		₹ 479,498.00
Advance Amount		₹ 210,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Ten Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/RECH202403978	NEFT	Advance Amount	50,000.00
2	9/24/2024	MMH/MH/RECH202403740	CARD	Advance Amount	10,000.00
3	10/9/2024	MMH/MH/RECH202403976	CARD	Advance Amount	50,000.00
4	10/9/2024	MMH/MH/RECH202403977	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/1111121/1001087	269,498.00