

IN PATIENT SUMMARY BILL

UHID : MMH202480729

IP No : IP2024001868

Patient name : Mrs.CLARA FATHIMA RANI J

Age : 71 Y 0 M 17 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401860

Bill Date : 29/08/2024

DOA : 21/8/2024 8:20AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 36,300.00
3	CARDIOLOGY PACKAGE-HEART	₹ 210,000.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
6	EQUIPMENT	₹ 20,150.00
7	GENERAL PROCEEDURE	₹ 1,000.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 12,000.00
10	LABORATORY	₹ 49,172.00
11	NURSING CHARGE	₹ 9,200.00
12	OTHER ADDITION	₹ 1,012.00
13	PHARMACY CHARGE	₹ 204,071.00
14	PROFESSIONAL TEAM FEES	₹ 24,200.00
15	RADIOLOGY	₹ 5,720.00
Gross Amount		₹ 577,000.00
Sanction Amount		₹ 200,000.00
Net Payable		₹ 577,000.00
Advance Amount		₹ 377,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Seventy-Seven Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/21/2024	MMH/MH/RECH202403227	CARD	Advance Amount	30,000.00
2	8/24/2024	MMH/MH/RECH202403267	CARD	Advance Amount	100,000.00
3	8/26/2024	MMH/MH/RECH202403299	CARD	Advance Amount	100,000.00
4	8/26/2024	MMH/MH/RECH202403300	CARD	Advance Amount	100,000.00
5	8/26/2024	MMH/MH/RECH202403301	CARD	Advance Amount	47,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111120/0758174	200,000.00