

IN PATIENT SUMMARY BILL

UHID	: MMH202480920	Bill No	: MMH/MH/IP202401943
IP No	: IP2024001922	Bill Date	: 11/09/2024
Patient name	: Mr.SHIVAPRASAD.G	DOA	: 29/8/2024 3:44AM
Age	: 54 Y 4 M 1 D/Male	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	ACCOMMODATION	₹ 7,150.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 43,600.00
4	DIET CHARGES	₹ 2,150.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 9,300.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 85,029.00
9	MISCELLANEOUS	₹ 400.00
10	NURSING CHARGE	₹ 7,200.00
11	OTHER ADDITION	₹ 6,042.00
12	PHARMACY CHARGE	₹ 39,393.00
13	PROFESSIONAL TEAM FEES	₹ 18,150.00
14	RADIOLOGY	₹ 10,402.00
Tax Amount :		1,430.00
Gross Amount		₹ 239,596.00
Sanction Amount		₹ 189,962.00
Net Payable		₹ 239,596.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 30,366.00

Received Amount in Words :

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/3/2024	MMH/MH/RECH202403413	UPI	Advance Amount	80,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/181126/0816455	189,962.00