

IN PATIENT SUMMARY BILL

UHID : MMH202480956

IP No : IP2024001936

Patient name : Mr.SRINIVASAN

Age : 60 Y 9 M 20 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401953

Bill Date : 12/09/2024

DOA : 30/8/2024 3:32PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 27,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	LABORATORY	₹ 32,603.00
6	NURSING CHARGE	₹ 5,200.00
7	OTHER ADDITION	₹ 9,453.00
8	PHARMACY CHARGE	₹ 25,697.00
9	PROFESSIONAL TEAM FEES	₹ 20,900.00
10	RADIOLOGY	₹ 5,744.00
Gross Amount		₹ 132,622.00
Sanction Amount		₹ 122,454.00
Net Payable		₹ 132,622.00
Advance Amount		₹ 10,168.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand One Hundred Sixty-Eight Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/30/2024	MMH/MH/RECH202403353	UPI	Advance Amount	3,000.00
2	9/5/2024	MMH/MH/RECH202403441	UPI	Advance Amount	7,168.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/121222/0813217	122,454.00