

IN PATIENT SUMMARY BILL

UHID : MMH202481062

IP No : IP2024001956

Patient name : Mrs.USHA VASANTHAKRISHNAN

Age : 69 Y 8 M 27 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401974

Bill Date : 14/09/2024

DOA : 2/9/2024 3:44PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 1,350.00
6	LABORATORY	₹ 23,365.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 3,000.00
9	OTHER ADDITION	₹ 28,791.00
10	PHARMACY CHARGE	₹ 20,900.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROCEDURE CHARGES	₹ 1,500.00
13	PROFESSIONAL TEAM FEES	₹ 57,350.00
14	RADIOLOGY	₹ 1,140.00
Gross Amount		₹ 158,546.00
Sanction Amount		₹ 123,490.00
Net Payable		₹ 158,546.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 14,944.00

Received Amount in Words : Fifty Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/2/2024	MMH/MH/RECH202403394	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111100/0830170	123,490.00