

IN PATIENT SUMMARY BILL

UHID : MMH202481272

IP No : IP2024002029

Patient name : Mrs.VISALAKSHI

Age : 48 Y 8 M 9 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401968

Bill Date : 14/09/2024

DOA : 12/9/2024 8:56AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,875.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 7,500.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 14,200.00
9	OTHER ADDITION	₹ 15,212.00
10	PHARMACY CHARGE	₹ 74,853.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROCEDURE CHARGES	₹ 450.00
13	PROFESSIONAL TEAM FEES	₹ 82,500.00
14	RADIOLOGY	₹ 1,140.00
Gross Amount		₹ 215,303.00
Sanction Amount		₹ 173,975.00
Net Payable		₹ 215,303.00
Advance Amount		₹ 41,329.00
Received Amount		₹ 0.00
Refund Amount		₹ 1.00

Received Amount in Words : Forty-One Thousand Three Hundred Twenty-Nine Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/14/2024	MMH/MH/RECH202403574	CARD	Advance Amount	41,329.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIG-2025-110000/0880053	173,975.00